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## 601 Scope and Purpose

The Division of Family and Children (DFC) is responsible for the licensure of all child care facilities, including institutions and group homes, child placing agencies, foster family homes and child (day) care homes and centers. The Director of the DFC has delegated the responsibility for the study of and recommendation for licensure of foster family homes and child care homes to county offices of family and children (COFCs) or licensed child placing agencies (LCPAs). The staff of county offices may accomplish this responsibility by contracting with independent service providers. Unless otherwise noted in this section, the responsibilities of COFCs and LCPAs are the same.

This section provides procedures for family case managers (FCMs) and licensing staff responsible for licensing foster family homes to follow. The procedures outline the standard steps and documentation requirements for any licensing action. Any variation from these procedures due to specific case requirements or county restrictions is to be discussed with the COFC unit supervisor and fully documented in the licensing file. These procedures delineate the minimum effort necessary for any licensing action. The FCM and the licensing staff may need to conduct additional investigations or interviews or obtain additional records depending upon individual case determinations.

## 602 Legal Base

IC 12-17.4 (Human Services: Regulation of Foster Homes)

IC 12-17.4-4-1 states that:

- “(a) A person may not operate a foster family home without a license issued under this article.
- (b) The state or a political subdivision of the state may not operate a foster family home without a license issued under this article.
- (c) A person may not operate a foster family home if:
  - (1) the number of children maintained on the premises at any one (1) time is greater than the number authorized by the license; and
  - (2) the children are maintained in a building or place not designated by the license.”

Indiana Administrative Code: 470 IAC 3-1 Licensing of Boarding Homes for Children (See Appendix A)

## 603 Definitions

### 603.1 Foster Family Home

IC 12-7-2-90 defines a foster family home as “...a place where an individual resides and provides care and supervision on a twenty-four (24) hour basis to a child who:

- (1) is not the child, stepchild, grandchild, niece, nephew, or sibling of the individual providing care and supervision;
- (2) is separated from the child’s parent, stepparent, guardian, custodian, or other relative; and
- (3) is receiving care and supervision under an order of a juvenile court or for the purposes of placement.

### 603.2 Relative Foster Family Home

IC 12-17.4-4-7 states the following:

- “(a) An applicant may apply for a foster family home license even if the applicant will be providing care and supervision under an order of the juvenile court to a niece, nephew, sibling, or grandchild.
- (b) If an applicant described in subsection (a) otherwise qualifies for a foster family home license, the division may issue a foster family home license to the applicant”

### 603.3 Special Needs Foster Family Home

IC 12-7-2-180.2 defines a special needs foster family home as a foster family home:

- “(1) that provides care for a child who:
  - (A) has a mental, physical, or emotional disability; and
  - (B) will require additional supervision or assistance in behavior management, activities of daily living, or management of medical problems; and
- (2) that meets the additional requirements under IC 12-17.4-4-1.7 (Special needs foster homes; licenses).”

### 603.4 Therapeutic Foster Family Home

IC 12-7-2-190.8 defines a therapeutic foster family home as a foster family home:

- “(1) that provides care to a seriously emotionally disturbed or developmentally disabled child;
- (2) in which the child receives treatment in a family home through an integrated array of services supervised and supported by qualified program staff from:
  - (A) the office of the secretary of family and social services;
  - (B) a managed care provider that contracts with the division of mental health; or
  - (C) a licensed child placing agency; and
- (3) that meets the additional requirements under IC 12-17.4-4-1.5 (Therapeutic foster family home).”

### 603.5 Child Placing Agency

IC 12-7-2-31 defines a child placing agency as “...a person who provides child welfare services to children and families. The services include home studies, investigation, and recommendation of families for the purpose of placing, arranging, or causing the placement of children for adoption, foster care, or residential care and supervision of those placements.”

NOTE: A COFC can be a child placing agency. DFC licenses licensed child placing agencies (LCPAs), but DFC does not manage or operate the LCPAs.

#### 603.6 Foster Family Home Application

The application process includes the forms and method used by the COFC or LCPA to gather information and documentation concerning the intent of a person to operate a foster family home. The elements in the process include:

- (1) a completed State Form (SF) 10100/FPP 0317 Application for Foster Family Home License or Adoption (Appendix B);
- (2) a signed and notarized SF 46151 Applicant's Statement of Attestation and a completed SF 8053 Request for Limited Criminal History Information Appendices H and J);
- (3) a financial statement;
- (4) Indiana State Department of Health (ISDH) approval for water testing, when required (Appendix K);
- (5) any requests for waivers or variances;
- (6) a completed homestudy;
- (7) a completed Foster Parent Agreement (Appendix Q); and
- (8) the results of any drug screens as requested by the FCM or licensing staff.

#### 603.7 Violator or Perpetrator

The terms "violator" and "perpetrator" can refer to any person, licensee, or organization that violated any licensing statute or regulation or abused or neglected a child. Generally speaking, "violator" is used to refer to one who violates a licensing statute or regulation; and "perpetrator" refers to one who has abused or neglected a child. However, sometimes the terms are used interchangeably. Prior to a substantiation of a licensing violation or prior to substantiation of child abuse or neglect or conviction in a criminal court, the term "alleged" is used to define either term.

#### 603.8 Licensing Recommendation

SF 17769/FPP 0335 Recommendation for Foster Family Home License or Adoption is the form that the COFC or LCPA forwards to the Central Office Residential Licensing Unit Manager in order to generate the foster family home license. The FPP 0335 includes the recommendation regarding:

- (1) the type of children for whom the family is licensed to provide care;
- (2) the number of children for whom the home is licensed to provide care;
- (3) comments regarding any special information relative to the family or licensure;
- (4) specifics regarding waivers or variances;
- (5) the status of the recommendation and the signature of the COFC or LCPA authorized party. See Appendix C for a copy of this form.

## **604     Types of Foster Family Home Licenses**

There are two (2) basic types of foster family home license as described below:

### **604.1     Regular License (IC 12-17.4-4)**

A regular license:

- (1)    may be issued to any foster family home applicant or licensee by Central Office through the Residential Licensing Unit Manager upon investigation and recommendation from the COFC or LCPA.
- (2)    is issued for a maximum period of two (2) years.
- (3)    must be in the possession of any foster family home in order to operate in Indiana. (Please refer to subsection 607 for information regarding procedures for licensing homes that are legally exempt from licensure.)
- (4)    will be issued if the applicant or licensee complies with all applicable statutes, regulations and rules.

The license shall state:

- (1)    the name and address of the licensee;
- (2)    the type of license being issued;
- (3)    the number of children for whom the licensee is permitted to provide care;
- (4)    the effective date and date of expiration (IC 12-17.4-4-14); and
- (5)    the name of the agency through which the licensee is licensed.

### **604.2     Provisional License (IC 12-17.4-4-15)**

While there is still a reference to provisional licenses in Indiana statute, by policy, no provisional licenses have been issued since or will be issued after March 27, 2000. That is the effective date of new federal regulations requiring all approved foster family homes to meet the same standards as licensed foster family homes in order to claim Title IV-E or Title IV-B funds. All relative foster family homes must meet the same licensing/approval standards as those required for non-relative foster family homes.

All foster family homes and relative homes that had provisional licenses on March 27, 2000, must be issued a probationary license. These homes will have six (6) months to complete all requirements for full licensure/approval. All such homes must be fully licensed/approved by September 27, 2000.

NOTE:    No provisional licenses will be issued during the six-month grace period. Therefore, if the first provisional license for a relative or non-relative foster family home expires within the six-month grace period, and the requirements for full licensure have not been met, a probationary license must be issued for the remainder of the grace period.

SF 17769/FPP 0335 Recommendation for Foster Care License must be submitted to the Central Office Residential Licensing Unit Manager for each home in which the COFC intends to place children. This includes foster family homes that accept placement of relative children and/or non-relative children as well as foster family homes that do not accept per diem funds. Central Office will date stamp all FPP 0335 forms. Therefore, all FPP 0335 forms must be sent by U.S. or inter-departmental mail in a timely manner. Facsimiles will not be accepted.

604.3 Probationary License (IC 12-17.4-4-16)

A probationary license:

- (1) may be issued to any licensee by the DFC Central Office Residential Licensing Unit Manager upon investigation and recommendation from the COFC or LCPA.
- (2) will be issued for a specific time period, not to exceed six (6) months.
- (3) may be extended for an additional six (6)-month period.
- (4) may be issued to any "...licensee who is temporarily unable to comply with a rule if:
  - (a) the non-compliance does not present an immediate threat to the health and well-being of the children;
  - (b) the licensee files a plan with the division to correct the areas of non-compliance within the probationary period; and
  - (c) the division approves the plan."

605 Standards for Foster Family Homes

Rules 470 IAC 3-1-1 through 3-1-15.5, "Licensing of Boarding Homes for Children", delineate specific requirements according to the type of care the licensee will provide.

NOTE: A copy of the rules may be found in Appendix A of this section.

606 Waivers and Variances of the Regulations

IC 12-17.4-2-8 provides that the DFC may grant a waiver or variance to any of the rules governing the licensing of a foster family home. To be granted a "waiver" means that the Director of the DFC (or that person's designee) has granted permission for a foster family home to be non-compliant with a specific rule. To be granted a "variance" means that the Director of the DFC (or designee) has granted permission for a foster family home to meet the intent of a specific rule in a way other than specified by the regulation.

NOTE: **By this policy, the authority to approve or deny waivers and variances is being delegated to the Deputy Director responsible for the Bureau of Family Protection and Preservation (BFPP).** The Central Office Residential Licensing Unit Manager will forward all recommendations regarding waivers and variances to the Deputy Director for BFPP for approval or denial.

606.1 Waivers [IC 12-17.4-2-8 (d)]

A waiver is a written approval from the Deputy Director of the DFC (or designee) for a foster family home to be non-compliant with a specific DFC regulation. It is granted on the basis of



proof provided by the applicant or licensee that compliance would constitute an undue hardship, but that non-compliance does not compromise the health, safety, and welfare of children.

A waiver of a rule may be granted if an applicant for a license or a licensee:

- (1) submits a written request for the waiver in the form and manner specified by the Central Office Residential Licensing Unit Manager.
- (2) documents that compliance with the rule specified in the application for the waiver will create an undue hardship on the applicant for the waiver.
- (3) documents that the applicant for the waiver will be in substantial compliance with the rules adopted by the Central Office after the waiver is granted.
- (4) documents that non-compliance with the rule specified in the application for a waiver will not be adverse to the health, safety, or welfare of any child receiving services from the applicant for the waiver.

The COFC or LCPA must indicate in the “comments” section of SF 17769/FPP 0335 sent to Central Office that a waiver is being requested and attach documentation explaining and addressing the above items.

NOTE: **By this policy, the authority to approve or deny a waiver is delegated to the Deputy Director responsible for the Bureau of Family Protection and Preservation.** Waivers can be granted only for rules and regulations, but not for Indiana statutory requirements.

#### 606.2 Variances [IC 12-17.4-2-8 (b)]

A variance is a written approval from the Deputy Director of the DFC (or designee) for a foster family home to meet the intent of a DFC rule in an alternate method that still protects the health, safety, and welfare of children. The Deputy Director (or designee) may grant a variance to a rule if an applicant for a license or a licensee:

- (1) submits to the Central Office Residential Licensing Unit Manager a written request for the variance.
- (2) documents that compliance with an alternative method of compliance approved by the DFC will not be adverse to the health, safety, or welfare of any child receiving services from the applicant for the variance.

NOTE: **By this policy, the authority to approve or deny a variance is being delegated to the Deputy Director responsible for the Bureau of Family Protection and Preservation.** Variances can be granted only for rules and regulations, but not for Indiana statutory requirements.

606.3 DFC (Central Office) Action

IC 12-17.4-2-8 provides that a waiver or variance of a rule that conflicts with a building rule or safety rule adopted by the Fire Prevention and Building Safety Commission is not effective until it is approved by the Fire Prevention and Building Safety Commission.

In accordance with IC 12-17.4-2-9, waivers and variances granted under IC 12-17.4-2-8 or renewed under IC 12-17.4-2-10 expire on the earlier of the following:

- (1) the date when the license affected by the waiver or variance expires;
- (2) the date set by the Central Office Licensing Unit Manager for the expiration of the waiver or variance;
- (3) the occurrence of the event set by the Central Office Residential Licensing Unit Manager for the expiration of the waiver or variance; or
- (4) two (2) years after the effective date of the waiver or variance.

IC 12-17.4-2-10 states that if the COFC or LCPA determines that a waiver or variance which is expiring under IC 12-17.4-2-9 will continue to serve the public interest, the COFC or LCPA must send a letter to the Central Office Residential Licensing Manager requesting renewal, including justification for the request. Upon receipt of a letter from a COFC or LCPA, the Central Office Residential Licensing Unit Manager may, with the approval of the Deputy Director:

- (1) renew the waiver or variance without modifications; or
- (2) renew and modify the waiver or variance as needed to promote statewide practices and to protect the rights of persons affected by the general powers and duties of the DFC as presented in IC 12-17.4-2.

If the Central Office Residential Licensing Unit Manager does not concur with the COFC and LCPA recommendation, the case is to be forwarded for consideration to the Deputy Director. Before taking any action, the Central Office Residential Licensing Unit Manager may require a licensee under IC 12-17.4-2-8 to:

- (1) apply for the renewal of a waiver or variance; and
- (2) provide the information required by the Central Office Residential Licensing Unit Manager.

Before reviewing a waiver or variance issued under IC 12-17.4-2-8, the Central Office Residential Licensing Unit Manager will obtain the approval of the Fire Prevention and Building Safety Commission for the action if:

- (1) the Fire Prevention and Building Safety Commission substantially changes a building rule or fire safety rule affected by the waiver or variance after the date that the commission last approved the waiver or variance; or
- (2) the Central Office Residential Licensing Unit Manager recommends to the Deputy Director substantial modification of any part of a waiver or variance that conflicts with a

building rule or fire safety rule adopted by the Fire Prevention and Building Safety Commission.

IC 12-17.4-2-11 provides that if a licensee violates a condition of a waiver or variance granted under IC 12-17.4-2-8, the Central Office Residential Licensing Unit Manager may recommend to the Deputy Director an order terminating the waiver or variance before it expires under IC 12-17.4-2-9. IC 12-17.4-2-11 also provides that if a waiver or variance is revoked, the licensee is entitled to notice and an opportunity for a hearing.

**607      Licensing/Approval of Persons Providing Care for Relative Children**

In accordance with recently published Title IV-E regulations regarding the Adoption and Safe Families Act, persons providing substitute care for children who are relatives must be licensed or approved to ensure the safety and well-being of the child(ren). Licensure or approval of relative homes is required regardless of whether the family receives financial assistance and regardless of the source of any such assistance. The standards for licensure or approval are the same as those for full licensure of a regular foster home, and the COFC or LCPA is to license or approve a home if the home meets the standards.

If a relative home is approved, the caregivers are eligible to receive Title IVE-FC funds. If the relative home is licensed, the caregivers may also provide care for non-related children.

NOTE: Timeliness in licensing/approving relative homes is critical since a lack of timeliness will result in the loss of Title IVE-FC funds.

**608      Dually Licensed Homes**

Occasionally there are applicants who request to be licensed for foster care and child (day) care. The COFC is to submit two (2) SF 17769/FPP 0335, Recommendation for Foster Care License forms together to the Central Office Residential Licensing Unit Manager with a recommendation on the licenses to be issued and indicating dual licensure. The Central Office will issue a separate license for each type of care recommended by the COFC. Refer to subsection 609.262 for information regarding establishing capacity in dually licensed homes. In the event that a dually licensed home is an LCPA foster family home and a COFC child care home, FCMs or licensing staff from each agency are to coordinate the licensing process.

**609      Steps in Licensing Foster Family Homes**

The homestudy for a foster family home is to focus on compliance with the rules and regulations plus the family preparation process. The review of the home is to be referred to as a “homestudy.”

**609.1      Foster Care Intake**

The foster care intake process is composed of two (2) steps--the initial inquiry and the orientation.

**609.11      Initial Inquiry**

- (1) A FCM or licensing staff shall respond to inquiries from prospective foster parents within five (5) working days. The FCM or licensing staff shall provide the following information to the inquirer:

- (a) Purpose of foster care.
  - (b) The need for foster care in the community.
  - (c) Roles and expectations of foster parents.
  - (d) Basic requirements, including training and the family preparation process.
  - (e) Notice of the orientation meeting.
- (2) The FCM or licensing staff will enter the information on the Foster Care Inquiry Form (Appendix M) and mail an information packet and meeting notice (Appendix N) to the inquirer. An information packet is to be developed by each region and may include such items as recruitment brochures, regulations, and a synopsis of the family preparation process.
  - (3) Following the orientation meeting, the FCM or licensing staff is to complete the Foster Care Inquiry Form and separate them according to those who attended the meeting and those who did not in order to determine the appropriate follow-up contact.

#### 609.12 Orientation Meeting

Additional information concerning fostering is to be presented at orientation meetings scheduled on a regular basis in the region and meeting frequently enough to maintain continuity in the family preparation process. The meetings are to be conducted by a FCM or licensing staff person and an experienced foster parent. The foster parent is to be paid for this service from Title IVB funds. Funds from this source may be supplemented with Title IV-E training funds, if necessary.

NOTE: The content of the orientation meeting is outlined and included in Appendix O. Application packets for foster care licensure are to be available at the meeting.

Application packets are to include:

- (1) Rules and Regulations, if not included in the information packet (Appendix A).
- (2) SF 10100/FPP 0317, Application for Foster Family Home License or Adoption (Appendix B).
- (3) Physical exam forms (Appendices D and E).
- (4) SF 46151, Applicant's Statement of Attestation (Appendix H).
- (5) Consent to Release Information for Foster Family Home License (Appendix I).
- (6) SF 8053 (R 3-94), Request for Limited Criminal History Information (Appendix J).
- (7) Instructions for Water Analysis, if applicable (Appendix K).

- (8) Foster Care/Adoption Information Sheet (Appendix O).
- (9) “Paving The Way To A Decision” – handout for each applicant (Appendix P).
- (10) Foster Parent Agreement (Appendix Q).
- (11) Training Schedule, with a section that the applicant can complete and return to COFC to enroll in a session.

Participants who choose to pursue the foster family home license may take home a packet, enroll in a training session, and begin to work on completing the forms in the application packet. Because the documentation involved may be overwhelming to the applicant(s), the FCM or licensing staff is to emphasize to the applicant(s) that they are available to the applicant(s) to assist in any way with completing the forms. If special circumstances are required for assistance, the procedure is to be flexible in order to accommodate all applicants.

The date when the COFC receives the training enrollment must be indicated on the Foster Care Inquiry Form (Appendix L) and assigned to a FCM or licensing staff. The enrollment in training and the assignment to the FCM or licensing staff mark the beginning of the family preparation process.

#### 609.2 Meeting Central Office and Licensing Requirements

The following subsections delineate procedures for meeting divisional licensing requirements related to obtaining a foster family home license:

##### 609.21 Applicant’s Statement of Attestation

IC 12-17.4-4-3 (a) and (b) requires an applicant to apply for a foster family home license on forms provided by the division and to submit the required information. In accordance with IC 12-17.4-4-3 (c), with the application, an applicant must submit a statement attesting that:

- (1) the applicant has not been convicted of a felony or a misdemeanor relating to the health and safety of children; and
- (2) the applicant has not been charged with a felony or a misdemeanor relating to the health and safety of children while the application is pending.

NOTE: The Applicant’s Statement of Attestation must be signed and notarized before a license can be issued.

##### 609.22 Request for Limited Criminal History

IC 12-17.4-4-3 (d) requires an applicant to submit the necessary information forms, or consents for the division to conduct a criminal history check relative to the applicant. The applicant is to conduct a criminal check of the applicant’s employees and volunteers at the home, if any, and all household members who are at least 18 years of age.

IC 12-17.4-4-11 requires the DFC to deny a license when an applicant fails to meet the requirements for licensure. The division shall deny a license to an applicant who has been convicted of any of the following felonies:

- (1) Murder as defined in IC 35-42-1-1.
- (2) Causing suicide as defined in IC 35-42-1-2.
- (3) Assisting suicide as defined in IC 35-42-1-2.5.
- (4) Voluntary manslaughter as defined in IC 35-42-1-3.
- (5) Reckless homicide as defined in IC 35-42-1-5.
- (6) Battery as defined in IC 35-42-2-1.
- (7) Aggravated battery as defined in IC 35-42-2-1.5.
- (8) Kidnapping as defined in IC 35-42-3-2.
- (9) Criminal confinement as defined in IC 35-42-3-3.
- (10) A felony sex offense as defined in IC 35-42-4.
- (11) Carjacking as defined in IC 35-42-5-2.
- (12) Arson as defined in IC 35-43-1-1.
- (13) Incest as defined in IC 35-46-1-3.
- (14) Neglect of a dependent as defined in IC 35-46-1-4(a)(1) and IC 35-46-1-4(a)(2).
- (15) Child selling as defined in IC 35-46-1-4(b).
- (16) A felony involving a weapon as defined in IC 35-47.
- (17) A felony relating to controlled substances as defined in IC 35-48-4.
- (18) An offense relating to material or a performance that is harmful to minors or obscene as defined in IC 35-49-3.
- (19) A felony that is substantially equivalent to a felony listed in subdivisions (1) through (18) for which the conviction was entered in another state.

The division may deny a license to an applicant who has been convicted of a felony that is not listed above.

#### 609.23 Foster Family Home Preparation

Preparation of a foster family home is essential to provide the family with the information and skills required to meet the needs of the child(ren) in placement and, therefore, to avoid placement disruptions. The family preparation process consists of

pre-service training and a mutual assessment process guided by the FCM or licensing staff. The result of this process is a written summary (homestudy) prepared by the FCM or licensing staff and signed by the foster parents. LCPAs responsible for licensing foster family homes may have different or additional forms to complete and requirements other than those outlined in the following subsections. However, LCPAs are also required to have the components of training and assessment, a reporting format in the preparation process, and a completed homestudy.

#### 609.231 Pre-Service Training

The DFC has established a statewide pre-service training program for foster parent applicants using the “Fosterparentscape” curriculum. The curriculum is 20 hours in length and focuses on the concepts of:

- (1) self-concept;
- (2) essential connections;
- (3) cultural identity;
- (4) permanency;
- (5) separation and loss;
- (6) discipline;
- (7) communication; and
- (8) team work.

In order to use a pre-service training curriculum other than “Fosterparentscape”, the persons proposing to use an alternative curriculum must provide the outline of the training to the Central Office Residential Licensing Unit Manager for approval prior to use. The pre-service training is a prerequisite for the in-service training for experienced foster parents. See subsection 610.3 for in-service training requirements.

NOTE: After a license has been retrieved by the State of Indiana, pre-service training is required to relicense the home if more than five (5) years have passed since the applicant was last licensed. However, if the license was forfeited in good standing and the licensee has not been away from foster parenting for more than five (5) years, pre-service training is not required. This policy will be in effect as of September, 27, 2000. This policy does not apply to licenses that have been revoked.

#### 609.2311 Training Teams

Training teams are composed of a FCM, a foster parent, and a contractual worker. The trainers must have completed 40 hours of Fosterparentscape training. The pre-service training program is a component of the family preparation process and is designed to compliment the mutual assessment process that will be conducted by the FCM or licensing staff. The date when the

foster parent applicant enrolls in a training session must be entered on the Foster Care Inquiry Form, and the form is to be forwarded to the COFC licensing unit for assignment.

609.2312 Communication Between the Family Case Manager or Licensing Staff and the Training Team

Communication between the family case manager (FCM) or licensing staff and the training team is to progress as follows:

- (1) The FCM or licensing staff assigned is to inform the training team that the license application has been assigned and that an initial home visit will be scheduled sometime after training has started.
- (2) The training team is responsible for communicating the strengths and needs of the applicant to the FCM or licensing staff so that they can be explored further by the FCM or licensing staff.
- (3) A meeting between the FCM or the licensing staff and trainers midway through the licensing process is recommended. Trainers are to provide feedback to the FCM or licensing staff prior to the second home visit.
- (4) Written feedback regarding the applicant's training experience is to be submitted to the supervisor with the family preparation summary. It is the trainer's responsibility to provide the feedback. The written feedback shall be provided in a format specified by the Central Office Residential Licensing Unit Manager.
- (5) The Foster Family Handbook is to be distributed to foster parents on the last day of training so that the applicant can address any concerns or issues with the FCM or licensing staff at the home visit.

609.232 First Aid Course

In accordance with 470 IAC 3-1-15.5 (b), applicants for a foster care license must submit verification that they have completed a current course in first aid prior to being licensed. Such a course must be repeated every three (3) years in order to maintain a foster home license, and "...an updated Red Cross first aid manual or its equivalent " must be available in the home.

609.233 Mutual Assessment Process

The next phase of the family preparation process consists of gathering data, sharing information about the children, the agency, and policies, and mutually assessing the applicant's willingness and ability to foster a certain type of child. This will be accomplished during home visits with the FCM or licensing staff who will guide the process and gather appropriate data.



609.2331 First Home Visit

The FCM or licensing staff will call to schedule the first home visit upon receipt of the Foster Care Inquiry Form. The first home visit is to occur after the applicant has enrolled in training, but prior to completion of the training.

The FCM or licensing staff is to ask if the applicant will need assistance with completing the forms at this time. If the applicant does not request assistance, the applicant is to be instructed to review the following forms and to complete all forms except the Foster Parent Agreement and SF 8053 Request for Limited Criminal History prior to the first home visit by the FCM or licensing staff:

- (1) SF 10100/FPP 0317, Application for Foster Family Home License or Adoption (Appendix B).
- (2) Medical forms (Appendices D and E).
- (3) SF 46151, Applicant's Statement of Attestation (Appendix H).
- (4) Consent to Release Information for Foster Family Home License (Appendix I).
- (5) SF 8053, Request for Limited Criminal History Information (Appendix J).
- (6) Water Analysis, if required (Appendix K).
- (7) Foster Care/Adoption Information Sheet (Appendix O).
- (8) Part (a) of "Paving the Way to A Decision" (Appendix P).
- (9) Foster Parent Agreement (Appendix Q).

The FCM or licensing staff will review the above forms with the applicant using the information to generate discussion. The FCM or licensing staff will collect all the forms except the Foster Parent Agreement for the foster parent file. The application is to be completed and submitted to the FCM or licensing staff, but does not need to be dated until the second home visit. The Foster Parent Agreement is to be discussed at this visit, but the applicant(s) does not need to sign and submit it until the second home visit.

The FCM or foster care licensing staff is to review the physical environment using the Foster Family Home Physical Environment Checklist (Appendix V) and discuss any concerns or changes required.

Additional issues to be addressed at the initial home visit are:

- (1) other family members' feelings on fostering;
- (2) child care plan;
- (3) birth and marriage verifications (optional); and
- (4) financial disclosure.

The FCM or foster care licensing staff is to conclude the visit by:

- (1) reviewing the licensing procedures;
- (2) scheduling the second home visit; and
- (3) providing a copy of the Family Inventory (Appendix W) for the applicant(s) to complete in the interim.

#### 609.2332 Opening the Case

Following the first home visit, the FCM or licensing staff is to:

- (1) assign a FH number;
- (2) mail out references (Appendices F and G);
- (3) submit SF 8053, Request for Limited Criminal History Information form to the Indiana State Police;
- (4) check CPS records in the Indiana Child Welfare Information System (ICWIS); and
- (5) make contact with the trainers.

#### 609.2333 Second Home Visit

The second home visit is to occur after the applicant has completed pre-service training. During the visit, policies and self-assessment activities must be reviewed.

The FCM or licensing staff is to process or review the following forms and issues with the applicant at this time:

- (1) Foster Parent Agreement (Appendix Q), which is to be signed.
- (2) "Paving the Way to a Decision," part (b) (Appendix P).
- (3) The Foster Family Inventory (Appendix T).
- (4) Eco-map instructions, form, and interpretation (Appendices X, Y, and Z).

- (5) Child Behavior Problems Checklist (Appendix AA).
- (6) Foster Family Handbook.
- (7) Policies on discipline, visiting, and the role of the foster parent located in Section 4 of this manual and in the Foster Family Handbook.
- (8) SF 2956, Case Plan I (Needs Assessment/Service Delivery for Child/Family).
- (9) SF 45001, Case Plan II (Child Information/Service Plan for Substitute Caretakers).

The FCM or the licensing staff will collect all the forms, enter the date of the second home visit on the application, and place these items in the foster family home case file in readiness for the foster family preparation summary.

#### 609.234 Foster Family Preparation Summary

The FCM or licensing staff uses the information gathered during the home visits, both verbal information and written material, to complete the Foster Family Preparation Summary (homestudy). See Appendix Y for an outline of this summary. When this summary is completed, the FCM or licensing staff will again meet with the applicant, either in the office or in the home, to have the applicant review the summary. The applicant is to review the summary, submit any written comments, and sign and date the report. This visit also can be used to complete any pending matters and respond to any additional questions.

The last page (Recommendation) of the Foster Family Preparation Summary is to be completed following the team or supervisory staffing.

#### 609.24 Medical Reports/Statements

Foster parent applicants must have a physical examination report signed by a physician. See Appendix D. All persons residing in the home of the foster family home license applicant must have a signed statement from a physician stating that they are free from communicable diseases and that they have had a Tuberculosis (TB) test. See Appendix E.

#### 609.25 Regulated Physical Standards

Standards for the actual physical plant of a foster family home and for the health care practices utilized in the home for the care of foster children placed there are outlined in the Indiana Administrative Code (IAC) at 470 IAC 3-1 in the form of rules for foster family homes. Health and fire rules/regulations also apply.

609.251 DFC Rules and Regulations

In all foster family homes there must be:

- (1) proper facilities for sleeping, eating, recreation, and bathroom and bathing facilities;
- (2) adequate health, food service, and personal care practices must be followed; and
- (3) compliance with fire and health regulations of the local and state authorities.

609.252 Water Analysis

The Indiana State Department of Health (ISDH) must approve the water of any foster family home not serviced by city water and sewer. To request a water analysis outside of Marion County, the applicant must contact ISDH at (317) 233-8078 to request a water analysis kit. The kit costs \$8 and will be sent upon receipt of a check or money order to cover the fee. Persons in Marion County can contact the Marion County Department of Health at (317) 541-2000. That agency will send a representative to the home to test the water. The COFC or LCPA shall note in the “comments” section of SF 17769/FPP 0335, Recommendation for Foster Family Home License, that the water in the home has been approved by ISDH and that documentation is on file at the COFC or LCPA.

If the water in the home has not been approved, the applicant must give written notice as to the action to be taken to comply with the regulations. The applicant has three (3) options:

- (1) Have the well treated.
- (2) Use bottled water for drinking and cooking.
- (3) Use boiled water for drinking and cooking.

NOTE: Instructions for water analysis are outlined in Appendix K of this section.

609.253 Fire Prevention and Safety

Foster family homes are no longer required to have State Fire Marshal (SFM) inspections completed. FCMs or licensing staff are responsible to ensure that all foster family homes contain smoke detectors on all levels of the home and a Type B fire extinguisher in the kitchen for kitchen use only, as deemed appropriate by the local fire department.

609.26 Establishing Capacity

IC 12-17.4-4-1(c) states that “A person may not operate a foster family home if:

- (1) the number of children maintained on the premises at any one (1) time is greater than the number authorized by the license; and
- (2) the children are maintained in a building or place not designated by the license.”

The following procedures are to be used to establish capacity for a foster family home or dually licensed home.

609.261 Foster Family Home

IC 12-17.4-4-6 states that “An applicant may not provide supervision and care as a foster family home if more than:

- (1) eight (8) individuals, each of whom either:
  - (A) is less than eighteen (18) years of age; or
  - (B) is at least eighteen (18) years of age and is receiving care and supervision under an order of a juvenile court; or
  - (C) four (4) individuals less than six (6) years of age.

The licensing capacity of a foster family home includes the children for whom the provider is a parent, stepparent, guardian, custodian, or other relative. In determining capacity, the COFC or LCPA is to consider the number and ages of the children already in the home. The COFC or LCPA also is to determine that the housing requirements are met as stated in foster family home regulation 470 IAC 3-1-4.

In addition to the aforementioned capacity limits, therapeutic foster family homes also must adhere to IC 12-17.4-4-1.5 (f) that states the following:

“An operator of a therapeutic foster family home may not provide supervision and care in a therapeutic foster family home to more than two (2) foster children at the same time, not including the children for whom the applicant or operator is a parent, stepparent, guardian, custodian, or other relative.”

Only the DFC Director may grant an exception to the capacity guidelines for a foster family home if the Director determines that the placement of siblings in the same foster family home is desirable. This authority is not delegated to any designee. In such cases, the COFC or LCPA shall submit to the Central Office Residential Licensing Unit Manager a new SF 17769/FPP 0335 to increase the capacity and shall indicate in the “comments” section that an exception is being requested. The COFC or LCPA shall send documentation, along with the FPP 0335, explaining the circumstances and the efforts of the COFC or LCPA to place the child in a home in which the child’s placement would not exceed the capacity limits described in this subsection. In all these instances, the COFC or LCPA shall assure that there is sufficient space and beds to accommodate the number of children. In an emergency, the Central Office Residential Licensing Unit Manager may give oral approval to the COFC or LCPA. The FPP 0335 and documentation is to be forwarded to Central Office within seven (7) business days.

609.262 Dually Licensed Homes

The maximum licensed capacity for child (day) care within a foster family home is 10 children under the age of 11 including the children for whom the provider is a parent, foster parent, stepparent, guardian, custodian, or other relative.

Dually licensed homes initially licensed prior to June 30, 1988, and currently licensed beyond the limits contained in this subsection may continue to operate at their licensed capacity as long as there is no interruption in licensure; i.e., expiration or revocation.

609.3 Disposition of Applications That Are Not Processed

Occasionally, foster care applicants do not pursue the completion of the licensing process by choosing not to continue or failing to submit all of the required forms. The COFC shall comply with the following procedures for voluntary withdrawals and incomplete applications:

609.31 Voluntary Withdrawal of Application

If an applicant chooses to withdraw an application for licensure prior to becoming licensed, the applicant shall complete and sign a statement indicating that the applicant is voluntarily withdrawing the application for licensure. This statement and the application shall be kept on file in the COFC. Withdrawn applications will be maintained for one (1) year and are to be expunged at the end of that period. Applicants who have withdrawn their applications are to be advised of the retention /expungement schedule via letter.

609.32 Incomplete Application

Upon receipt of an application, the COFC or LCPA staff shall:

- (1) determine if all required documentation has been provided by the agency or individual;
- (2) notify the individual in writing of any incomplete forms or omission in the documentation (Appendix EE);
- (3) close the case and take no further action upon the application if the individual does not provide the required information or documentation within the requested time; and
- (4) return to Step 1 if the individual should apply after a case closure.

An application shall be valid for one (1) year. An incomplete application and any accompanying documentation are to be expunged after one (1) year. Applicants who have not completed their applications are to be advised of the retention/expungement schedule via letter.

#### 609.4 Evaluation and Documentation

As in any other area of child welfare practice, the process of evaluating a situation based on the information obtained and documenting the decision-making process is critical to the health and well-being of the children under the supervision of the DFC. The following subsections address the issues of evaluation and documentation

##### 609.41 Foster Family Preparation Summary and Evaluation Report

After completing the steps necessary for the family preparation process, the Foster Family Summary and Evaluation Report is to be completed by the FCM or licensing staff as previously outlined in subsections 609.233 and 609.234. The reports are to include all the documentation necessary to support the evaluation and recommendation.

##### 609.42 Case Record Requirements

The forms and other materials that need to be in the case record for foster family homes are listed below. Asterisked items are to be sent to the Central Office Residential Licensing Unit Manager.

- (1) SF 10100/FPP 0317, Application for Foster Family Home License or Adoption (Appendix B).
- (2) \*SF 17769/FPP 0335, Recommendation for Foster Care License (Appendix C).
- (3) State Form 46151 (8-93), Applicant's Statement of Attestation (Appendix H) for each period licensed. A copy of this form does not need to be sent to Central Office. Notation that this form is in the COFC or LCPA file should be made in the "comments" section of the FPP 0335.
- (4) Indiana State Department of Health water analysis approval (Appendix K), if needed. See subsection 609.252.
- (5) Initial homestudy and annual updates.
- (6) Medical forms.
- (7) Reference letters.
- (8) Verification that the foster parent has met the annual training requirements. This includes verification of current first aid training certification that requires taking a current first aid course every three (3) years.
- (9) Narratives and other miscellaneous documentation.

Additional requirements for foster family home case records include the following:

- (1) Explanation of Regulations (Appendix A).
- (2) Consent for criminal history check and CPS check (Appendices I and J).
- (3) Foster Care/Adoption Information Sheet (Appendix O).

- (4) “Paving the Way to A Decision” (Appendix P).
- (5) Foster Parent Agreement (Appendix Q).
- (6) Physical Environment Checklist (Appendix S).
- (7) Eco-map Diagram Form (Appendix V).
- (8) Pre-service training feedback.
- (9) Documentation that Foster Family Handbook has been reviewed.
- (10) Child care plan, if applicable.
- (11) Birth, marriage, and divorce verification, if applicable.
- (12) Foster care policies explained (Section 4).
- (13) Case Plan I, Case Plan II and Medical Passport requirements explained.

A checklist is provided in the Foster Family Preparation Summary report to aid the FCM or the licensing staff in gathering all the necessary documentation. See Appendix Y.

#### 609.5 Recommendation

The recommendation decision is to consider the following:

- (1) Whether the applicant has the ability to meet the needs of the children according to the type of care to be provided.
- (2) Whether the applicant possesses the personal qualities necessary to meet the needs of the children.
- (3) The type of child and number of children that would best be served in the home.
- (4) Whether the home fully complies with the regulations.

After consulting with the supervisor, the FCM or licensing staff shall enter the recommendation on the report in preparation for submitting the SF 17769/FPP 0335 Recommendation for Foster Care License.

#### 609.51 Submitting the Licensing Recommendation

The recommendations of the COFCs and LCPAs shall be submitted to the Central Office Residential Licensing Unit Manager on the SF 17769/FPP 0335, Recommendation for Foster Family Home License. A FPP 0335 must be submitted for every application submitted to the COFC and LCPA for licensure of foster family homes, and must recommend either approval or denial of the application.



609.511 Approval

If the COFC or LCPA recommends approval of the foster family for licensure, the FPP 0335 indicating approval shall be submitted to the Central Office Residential Licensing Unit Manager. The FCM or licensing staff shall indicate the effective and expiration dates on the FPP 0335. If the Central Office Residential Licensing Unit Manager concurs with the recommendation of the COFC or LCPA, a license shall be issued. See Appendix BB.

609.5111 Effective Date of the License

The effective date of the initial license is the date the COFC director or the private agency executive designated to authorize licensing recommendations signs and dates the FPP 0335. For renewals, the effective date is the day after the expiration date of the current license.

For initial licensure, if there is more than a seven (7) calendar day lapse between the date of the signature of the director or private agency executive and the date the Central Office Residential Licensing Unit Manager receives the FPP 0335, then the latter date will be the effective date.

609.5112 Claiming Title IVE-FC Funds Pending Receipt of License or Approval

Title IVE-FC funds can be claimed for the period between the time that a foster family meets all requirements for licensure or approval, as evidenced by a signed and dated FPP 0335 recommending the licensure or approval, and the time the license/approval is issued. This period is not to exceed 60 days.

609.5113 Expiration Date of the License

Each COFC and LCPA can select the quarter(s) in which their foster family homes are to be licensed; i.e., January 1, April 1, July 1, or October 1. A COFC or LCPA may choose more than one licensing quarter for their agency.

609.5114 Probationary License

The COFC or LCPA may request a probationary license for a foster family home when the home temporarily becomes non-compliant with a particular rule or regulation. A plan of correction must be submitted with the FPP 0335 stating the non-compliance, the method for correction, and the date compliance will be achieved. Refer to subsection 604.2 for the definition of a probationary license.

The Central Office Residential Licensing Unit Manager shall make the final determination as to the length of time (i.e.; six months or less) that the probationary license is to be in effect and

will issue the license accordingly. Two (2) consecutive six (6)-month probationary licenses can be issued. At the expiration of the second probationary period, the license shall be reinstated to the end of the original term of the license, a new license shall be issued, or the license shall be revoked.

609.512 Denial

Under IC 12-17.4-4-4, an application for licensure as a foster family home can be denied because of any of the following circumstances:

- (1) The DFC determines that the applicant has abused or neglected a child according to statutory definition (IC 31-9-2-14).
- (2) The applicant has been convicted of a criminal felony or of a misdemeanor related to the health and safety of a child.
- (3) The DFC determines that the applicant made false statements on the application or the records required for licensure.

In addition, an application for foster family home licensure may be denied if the applicant is not in compliance with:

- (1) the licensing law (IC 12-17.4-4);
- (2) federal regulations and DFC rules; and
- (3) ISDH requirements.

An applicant may appeal any denial of an application. A denial must be based on specific statutory or regulatory non-compliance and must be supported by accurate documentation or personal observations by the staff or other witnesses.

A denial recommendation sent to the Central Office Residential Licensing Unit Manager by the COFC or LCPA must contain:

- (1) a specific statute or rule with which the foster family home is not in compliance;
- (2) a general description, in letter form, of the elements which constitute the non-compliance, referencing the documentation or observations supporting the non-compliance;
- (3) the efforts made by the COFC or LCPA to notify the foster family home applicant and remedy the non-compliance, when appropriate; and
- (4) a statement that the recommendation has been reviewed by the COFC attorney.

The Deputy Director of DFC shall review any recommendation for a denial and determine if the action also needs to be reviewed by a Division attorney. If the Central Office Residential Licensing Unit Manager concurs with the recommendation of the COFC or LCPA, a certified letter will be sent to the applicant advising the individuals of:

- (1) the fact that the application for a foster family home license is being denied effective upon the receipt of the letter;
- (2) the nature of the allegation(s) of non-compliance and the documentation in support of the allegation(s);
- (3) the right to appeal the decision within 30 days of receipt of the letter; and
- (4) the statutory authority of the DFC to license foster family homes and the civil and criminal penalties for operating without a license.

A copy of this letter will be sent to the COFC or LCPA. See Appendix CC.

## **610     Reevaluation**

The following subsections pertain to the procedures for the systematic reevaluation of licensed and approved foster family homes.

### **610.1     Time Table for Renewal of License/Approval**

The COFC shall complete a timely reevaluation of the foster family home to allow compliance with the following time table for submission of the FPP 0335 to Central Office:

<u>Renewal Date Of License</u>	<u>FPP 0335 Deadline</u>
January 1	November 15
April 1	February 15
July 1	May 15
October 1	August 15

### **610.2     Legal Base for On-Site Inspection**

The following Indiana statutes form the legal foundation for making on-site visits to foster family homes on a regular basis:

#### **610.21     Minimum Required Contact**

IC 12-17.4-2-5 requires the division to monitor the residential child care establishments licensed under Article 12 for continued compliance with this statute and the rules adopted by the division, including conducting an onsite licensing study at least annually through announced or unannounced visits. The COFC or LCPA, as the designee of the DFC, is required to visit the premises and have personal contact on an annual basis with licensed foster family home providers.

#### 610.22 Supervision

IC 12-17.4-4-17 states that the division “ may conduct an inspection of a foster family home for the sole purpose of inquiry into matters as stated in the rules, including those directly affecting the health, safety, treatment, and general well-being of the children protected under [Article 12]”. The COFC or LCPA, as the designee of the DFC, is responsible for ongoing supervision of licensed foster family homes.

#### 610.3 In-Service Training

The DFC has established a statewide in-service training program for licensed or approved foster parents using the “Fosterparentscape” curriculum. The curriculum is 20 hours in length. Special needs foster parents are required to have 20 hours of in-service training per year. Therapeutic foster parents are required to have 30 hours of in-service training per year. The “Fosterparentscape” in-service curriculum can satisfy 20 hours of the annual in-service training requirement one time only. Thereafter, other training sources must be used. The outline of any in-service training other than “Fosterparentscape” must be pre-approved by the Central Office Residential Licensing Unit Manager prior to use. Twenty (20) hours of pre-service training is a prerequisite for in-service training See subsection 609.231 for pre-service training requirements.

#### 610.4 Annual Reevaluation /Renewal Evaluation

Each licensed foster family home is to be visited annually by the FCM or licensing staff to update information and to determine if the family continues to meet the requirements for licensure. Each foster family home is to be notified that it is time for an update, and arrangements are to be made to distribute and collect the appropriate paperwork and to conduct an interview in the home. See Appendices DD and EE for sample notifications.

The FCM or licensing staff is to process all the information with the family and supervisor to formulate the recommendation regarding the number and type of children to be placed.

The annual reevaluation of foster family homes shall include the following:

- (1) Indiana State Department of Health approval for water testing, if needed (Appendix K).
- (2) Physical Environment Checklist (Appendix S).
- (3) A determination that the home fully complies with the rules.
- (4) Verification of 20 hours of in-service training for special needs foster family homes and 30 hours of in-service training for therapeutic foster family homes.

NOTE: Twenty (20) hours of pre-service training is a pre-requisite for participation in in-service training.

- (5) Verification of completion of a current course in first aid, if necessary (required every three (3) years).
- (6) The completion of the Foster Family Home Annual Report to incorporate any changes since the previous study. (Appendix FF)
- (7) An assessment of the experience of the COFC or LCPA in working with the family.

- (8) An assessment of the family's ability to continue to work with children and their parents.

The renewal evaluation of foster family homes shall include the following:

- (1) All requirements (1-8) needed for annual reevaluation.
- (2) A signed SF 46151, Applicant's Statement of Attestation (Appendix H).
- (3) A completed Consent to Release Information for Foster Family Home License to obtain a CPS check and SF 8053, Request for Limited Criminal History Information (Appendices I and J).
- (4) A signed SF 10100/FPP 0317, Application for Foster Family Home License or Adoption or the Application for Renewal of the Foster Family Home License (Appendix DD).
- (5) A newly signed Foster Parent Agreement (Appendix Q).
- (6) Completed Foster Family Home Staff Inquiry forms regarding all the children who were placed in the home during the licensing period (Appendix GG).
- (7) A medical update following the initial physical examination for each household member. This is recommended at every two (2) year relicensing period or when there is an indication of a health problem that would interfere with the parent(s) ability to care for foster children or which would endanger the child's health.

#### **611     Renewal of License**

The COFC or LCPA is to note on the SF 17769/FPP 0335 Recommendation for Foster Care License the type(s) of license being renewed for the home. For homes that have previously been dually licensed, the COFC must make a recommendation regarding each license type needing to be renewed. If the home is not being renewed for the same type of care for which it was initially licensed, note this information in the "comments" section of the FPP 0335.

All renewed licenses will be effective for two (2) years unless the COFC or LCPA requests probationary licensure. A probationary license may be issued by the Central Office Residential Licensing Unit Manager for foster family homes that are temporarily not in compliance with the licensing law or rules and regulations and have completed a plan of correction to rectify the non-compliance. If the foster family home is in compliance with all requirements, a regular license may be issued and will expire two (2) years from the renewal date.

NOTE: In accordance with new federal rule, relicensure of a non-relative foster family home or licensure/renewed approval of a relative home must be completed prior to the end of the second year that the previous license/approval is in effect. Failure to meet this requirement will result in the loss of Title IVE-FC reimbursement.

#### **612     Voluntary Withdrawal from the Foster Family Home Program**

If a foster family home licensee chooses to cease participation in the program as a foster parent, the licensee may choose not to reapply prior to expiration of the current license or may relinquish the current license. A "Sample Voluntary Withdrawal or Relinquishment" can be found in Appendix Z of this section. Also, see subsection 609.231 for information regarding pre-service training requirements for relicensing a foster family home closed on a voluntary basis.

In circumstances as described above, the COFC or LCPA is to take the following steps:

612.1 Voluntary Non-Renewal of License

If a foster family home licensee chooses not to reapply for a license upon expiration, moves out of the state, or is unable to be located at the time of relicensure, the COFC or LCPA must submit a new FPP 0335 to the Central Office Residential Licensing Unit Manager. A notation in the “negative action” section, item 4 of the FPP 0335, is to be made stating a specific reason that a recommendation to close the home is being made and giving the date applicable.

612.2 Voluntary Relinquishment of License

If a foster family home licensee chooses to relinquish a license prior to its expiration, the licensee shall complete and sign a statement indicating that the licensee is voluntarily relinquishing the license. A copy of this statement, a new FPP 0335, and the license are to be submitted to the Central Office Residential Licensing Unit Manager by the COFC or LCPA. The COFC or LCPA shall note in the “negative action section”, item 4 of the FPP 0335, that the foster parent(s) is voluntarily relinquishing the foster family home license and shall give the applicable date on which the foster parent(s) effectively withdrew from the program.

**613 Enforcement Responsibilities**

The Central Office Residential Licensing Unit Manager, upon the recommendation of the COFC or LCPA, grants a license to a foster family home and exercises like authority in revoking a license. Upon the recommendation of the COFC or LCPA, the Central Office Residential Licensing Unit Manager is to initiate legal action also, if a foster family home is operating without a license.

613.1 Denial

Refer to subsection 609.512 for detailed information regarding denial of a license. Such action falls under the enforcement responsibilities of the Central Office Residential Licensing Manager.

613.2 Revocation

The DFC Director (or designee) may revoke any existing license. For purposes of this policy, the Deputy Director of the Bureau of Family Protection and Preservation is the designee having authority to revoke licenses.

The standards for revocation of a license are the same as those for a denial. The COFC or LCPA is to submit to the Central Office Residential Licensing Unit Manager:

- (1) a copy of the SF 17769/FPP 0335 Recommendation for Foster Care License recommending that the license be revoked; and
- (2) documentation citing the specific section of the licensing law with which there is non-compliance. There is to be documentation of specific facts supporting each allegation of non-compliance. The documentation is to indicate that the COFC legal counsel has reviewed and approves the recommendation for revocation.

Upon receipt of the above-noted information, a Central Office licensing consultant reviews the recommendation of the COFC or LCPA for revocation of a license; and a determination is made regarding whether a review by Central Office legal staff is required also. When

revocation is recommended, the licensee may be given a letter of warning by the Central Office Residential Licensing Unit Manager stating that revocation is being considered and outlining what the licensee must do to correct the situation. The licensee will be given 30 days to comply unless there is imminent danger to children. If imminent danger to children exists, a notice of revocation will be sent instead of a warning letter. The warning letter is to be used when there is a regulatory non-compliance that has not been chronic and does not pose imminent danger to children.

NOTE: The Central Office Residential Licensing Unit Manager shall determine “imminent danger to children” upon the recommendation of DFC, COFC, or LCPA staff, as applicable.

When the decision is made to revoke immediately, a certified letter will be sent to the foster family home advising:

- (1) the effective date of the revocation of the license which will be the date that the letter is received;
- (2) the nature of the allegation(s) of non-compliance and the documentation in support of the allegation(s);
- (3) the right to appeal the decision within 30 calendar days of receipt of the letter; and
- (4) the statutory authority of the DFC to issue and revoke licenses and of civil and criminal penalties for operating without a license.

A copy of the letter will be sent to the COFC or LCPA. See Appendix LL.

If the foster family home operator appeals, the COFC legal counsel will be required to represent the Division at the DFC Administrative Appeal Hearing and during any subsequent litigation. The Attorney General’s office may defend in subsequent litigation also. If the foster family home is licensed by an LCPA, DFC legal counsel will be required to defend the revocation. The DFC Hearings and Appeals Division will schedule the hearing. If no appeal request is received, the Central Office Residential Licensing Unit Manager will request the COFC or LCPA to visit the home at the end of the 30 days to verify whether or not the home has ceased operation. The COFC or LCPA is to document the status of the home in the case file and may forward such documentation to the Central Office Residential Licensing Unit Manager upon request. If the home has not ceased operation, the Central Office Residential Licensing Unit Manager shall notify the prosecuting attorney in the county where the home is located and the Attorney General of Indiana regarding the illegal operation. After these authorities have been notified, the COFC or LCPA and Central Office have no further responsibilities for enforcement except to cooperate with the authorities, which may include additional visits and documentation.

NOTE: The procedures outlined in subsection 609.231 regarding retraining foster parents who have had a lapse in providing foster care do not apply to foster parents whose license has been revoked.

#### 613.21 Investigation for Negative Licensing Action

When a denial or revocation of a license is considered, the COFC shall conduct an investigation of the rule violations or child abuse or neglect allegations that form the basis for negative licensing action. The COFC will investigate both licensing violations and abuse or neglect complaints by foster family homes licensed by

LCPAs. The choice of COFC investigative personnel will depend upon the nature of the allegations and the type of staff available (CPS, licensing, etc.). The procedures for investigating licensing violation allegations and abuse or neglect allegations for all agencies responsible for the licensure of child caring facilities are as follows:

- (1) The COFC is to determine the specific basis for any action it wishes to take and compile information concerning:
  - (a) specific incidents, clearly described; e.g., copies of SF 114/FPP 0310 Preliminary Report of Alleged Child Abuse or Neglect and SF 113/FPP 0311 Investigation of Alleged Child Abuse or Neglect forms;
  - (b) dates of incidents;
  - (c) witnesses to incidents; and
  - (d) number of incidents involved.

NOTE: Incidents may include child abuse, child neglect or rule violations; e.g., inadequate staff, missing records.

- (1) The COFC is to interview the following persons as appropriate:
  - (a) Complainant.
  - (b) Children involved in the incident, i.e., possible victims.
  - (c) Foster family home licensee or applicant whether or not providing direct services to children.
  - (d) Employees of the foster family home, past and present, who have provided services to the foster children.
  - (e) Children who were witness to incidents.
  - (f) Parents who were witness to incidents.
  - (g) Parents who have a child(ren) involved in incidents.
  - (h) Parents who have recommended the services of the provider to other parents.
  - (i) Violator or perpetrator.
  - (j) Other persons with personal knowledge of the incident or service provider.

Any witness must be required to demonstrate or give clear examples of the incidents.

Interviews are to be conducted in private, with one (1) person at a time and must be documented. Assistance may be required to interview a



physically, emotionally, or intellectually challenged child. The FCM or foster care licensing staff is to consider interviewing the victim first.

From a licensing perspective, discussion with the violator or perpetrator may not be appropriate if CPS or the police are involved in an investigation of the situation already. See the Institutional Child Abuse/Neglect Protocol (subsection 210.4 of this manual) for additional information regarding investigation methods relative to child abuse and neglect.

- (2) The COFC is to obtain the following documentation as applicable:
  - (a) A list of children being cared for by the service provider.
  - (b) The service provider's policies and procedures.
  - (c) Previous COFC incident or investigation reports relative to the service provider.
  - (d) The violator or perpetrator records on file with other COFCs or agencies if access is permitted under confidentiality restrictions.
  - (e) Other records.

NOTE: Other COFC involvement may be traced through determining prior residences and checking with the appropriate COFC or out-of-state counterpart agencies.

- (3) The COFC also may do the following to complete the investigations:
  - (a) Use scheduled and unscheduled home or agency visits to observe the provider and violator/perpetrator.
  - (b) Discuss the grounds or allegations with the service provider, and elicit their response or defense.
  - (c) Discuss both the procedures and actual practices of the service provider.
  - (d) Advise the licensee or applicant of the general allegations without providing any specifics that will reveal the identity of the complainant.

#### 613.211 Identity of Complainant

When a complainant alleges child abuse or neglect, the identity of the complainant is confidential. The identity of the complainant is not to be a part of the public record, is not available to the licensee, and shall not be revealed to any person during the investigation. Disclosure of this information by design or by neglect shall be considered grounds for disciplinary action.

When a complaint deals exclusively with licensing issues; e.g., child/staff ratio, the identity of the complainant is not confidential and is to be part of the public record. However, the identity of the complainant is not to be revealed to the alleged violator at the time of investigation. If the identity of the complainant is requested, the FCM or licensing staff shall advise the requesting person that the name will be part of the public record, and that the requesting person can obtain the name by reviewing the public record when the investigation is completed. The requester can obtain the identity by sending a written request to the Central Office Residential Licensing Unit Manager or the COFC when the investigation is completed.

#### 613.212 Responsibility of the LCPA

The LCPA recommendation is to be reviewed by the LCPA director or attorney prior to submission to Central Office. Central Office, as the party taking the negative action, shall be responsible for representing or defending the DFC decision if the service provider seeks to appeal the action.

The LCPA shall cooperate with the Central Office Residential Licensing Unit Manager by providing necessary records and witnesses upon the request or appropriate motion of the DFC attorney. When a LCPA recommends negative licensing action to the DFC, the LCPA shall provide the same information and documentation to support the recommendation as required from COFC and other Central Office staff. The LCPA attorney may be invited to attend or participate in the appeal hearing in order to preserve any independent interests of the LCPA.

#### 613.3 Homes Operating Without a License

IC 12-17.4-4-13 states that the division “shall investigate any premises that the division has reason to believe are being used for child care without a license in circumstances where a license is required.” If a foster family home is found to be operating with an expired license or without a license, the COFC shall follow the procedures outlined below:

##### 613.31 Expired License

Upon the expiration of a license, the COFC shall determine if the service provider is still conducting activity that requires state licensing. If the service provider continues operating and requires licensing, the appropriate Central Office staff shall notify the service provider of:

- (1) the necessary requirements for licensing; and
- (2) the penalties for operating without a license. See Appendices JJ for a sample letter.

If the service provider has ceased operating without a license, the Central Office staff shall document in the licensing file that:

- (1) the license has expired;
- (2) the service provider has not requested an application for re-licensure;

- (3) the service provider has ceased all activity which requires licensing; and
- (4) without further contact from the service provider, the staff or agency will take no further action relative to the service provider.

613.32 Unlicensed Service Providers

When information is received that an individual is operating without a license, as required by IC 12-17.4-4-1, the following steps shall be taken:

- (1) The COFC shall investigate and make a determination whether licensure is required under state statute and regulations.

Example: When considering a foster family home, the COFC staff is to document each element of the foster family home definition to support its determination that a license is required for the individual.

- (2) The COFC shall send the Central Office Residential Licensing Unit Manager a written report of the investigation and determination that licensing is required for this service provider.

- (3) The Central Office Residential Licensing Unit Manager shall send a “Cease and Desist” letter to the service provider advising that it is operating without a license contrary to Indiana law. See Appendix JJ. The Central Office Residential Licensing Unit Manager will send a written “Notification to Visit Unlicensed Home” to the COFC also advising of:

- (a) the date that the “Cease and Desist” letter was sent; and

- (b) the date by which the foster family home was to comply,

- and requesting the COFC to determine if the foster family home is still operating. See Appendix KK.

- (4) If:

- (a) the service provider continues to operate and no application is filed;

- (b) the service provider fails to make a good faith effort to complete the application procedure within 30 days; or

- (c) the service provider has ceased operating,

- the FCM or licensing staff shall notify the Central Office Residential Licensing Unit Manager by sending written verification of the circumstances within two (2) weeks of receipt of the request.

- (5) If the service provider is still operating without a license, the Central Office Residential Licensing Unit Manager will send a “Notice to Cease Operation” to the service provider. The “Notice to Cease Operation” will include citations to the DFC authority to license, to the Attorney General authority to file suit

against the service provider under IC 12-17.4-4-33, and to the applicable criminal penalties. See Appendix LL.

- (6) The COFC staff will inspect the service provider 30 days after receipt of the "Notice to Cease Operation". The COFC shall notify the Central Office Residential Licensing Unit Manager in writing if the service provider is still operating without a license.
- (7) If the service provider has not ceased operation, the Central Office Residential Licensing Unit Manager will refer the case to the Attorney General and to the local county prosecutor for criminal and civil action. The referral will include a copy of the decision resulting from any hearing that has been held regarding the status of the license, as well as a request to proceed against the service provider.
- (8) The Central Office Residential Licensing Unit Manager shall proceed to pursue the closure of the service provider by using the Attorney General or local prosecutor, unless the service provider obtains a stay against enforcement. The COFC or the Central Office Residential Licensing Unit Manager (or designee) should be prepared to appear and testify at any proceeding used to close the service provider. The COFC staff shall follow the investigative procedure described in subsection 613.11 to provide supporting documentation and observation for closure of the unlicensed service provider.

A service provider that is operating pending the completion of their application shall be treated as an unlicensed service provider. The COFC staff shall follow the procedures described above.

#### 613.4 Appeals and Hearings

Foster parents have the right to appeal any negative licensing action. The service provider is informed of this option in the notice letter from the Central Office Residential Licensing Unit Manager regarding revocation or denial of a foster family home license.

When the Central Office Residential Licensing Unit Manager receives an appeal request, it is to be forwarded to the Director of the Hearings and Appeals Section with the following attachments:

- (1) A short cover memorandum including the following elements:
  - (a) A request to schedule an appeal hearing. The request must include a description of the type of agency action being appealed; e.g., denial of a foster family home license.
  - (b) A list of all parties to the action by name, with their address and telephone number, if known to the COFC.
  - (c) A description of the type of service provider license; i.e., foster family home.
- (2) The original request by the service provider or applicant for an appeal hearing.
- (3) A copy of the notice of DFC action that is being appealed.

While the appeal is pending, no action will be taken to close the service provider without prior consultation and approval of the COFC attorney and the COFC director. If there is imminent threat of

danger to the children, the Central Office Residential Licensing Unit Manager is to be notified by the FCM or licensing staff to pursue immediate closure of the service provider through the local prosecutor or the office of the Attorney General.

An investigation is to be continued during the appeal process. At least one (1) home visit is to be made approximately two (2) weeks prior to the hearing date. If the hearing is continued for one (1) month or longer, another home visit is to be done two (2) weeks prior to the new hearing date. Normal home visits are to be made to the service provider during the pending appeal. More frequent visits may be made to the service provider during the pending appeal as determined by the DFC Deputy Director, Central Office attorney, or COFC attorney.

If the Hearings and Appeals Section affirms the DFC action, the foster family home will be given 30 days to cease operation unless there is a threat of imminent danger to the children. If there is imminent threat of danger to the children, DFC, after consultation with the DFC attorney, COFC attorney, or COFC director, will request the Attorney General to immediately sue the service provider for operating without a license. A copy of the DFC request to the Attorney General is to be sent to the DFC attorney and to the appropriate COFC.

If an agency review of the hearing decision is requested, no action to close the foster family home will be taken until the "Notice of Final Agency Action" is released unless there is a threat of imminent danger to children. In this case, the Central Office Residential Licensing Unit Manager will request the Attorney General to immediately sue to close the service provider operating without a license pending the agency determination.

NOTE: Foster family home appeals made by foster family homes licensed by COFCs are handled by the COFC attorneys, while all other licensing appeals, including foster family homes licensed by LCPAs, are handled by DFC attorneys.

## **614     Licensing Time Frames**

The Central Office Residential Licensing Unit Manager has established the following time frames for the license activity outlined below:

### **614.1     Initial Application**

Once the application form and other requested materials are received by the COFC and LPCA, a 30-day target date for processing all of the applications is to be established. However, because the family preparation requirement for a foster family home license is a lengthy process, the application may be signed at the time of the second home visit. Therefore, a 30-day target date is to be established after the second home visit.

### **614.2     Reapplication**

All COFCs and LCPAs are responsible for keeping track of foster family home reevaluations. All COFCs and LCPAs are to submit SF 17769/FPP 0335 Recommendation for Foster Care License forms to Central Office in a timely manner, as referenced in subsection 610.1 containing the timetable for compliance.

#### **614.21     Indiana State Department of Health (ISDH) Inspections**

The DFC has no authority to regulate the availability or speed of ISDH inspections. Delays due to other agency inspections or the necessity for Central Office, COFC, or

LCPA follow-up inspections may prohibit strict compliance with the proposed time frames.

614.3 Revocation

When revocation is recommended, the service provider is given 30 days to comply unless there is imminent danger for children. If imminent danger exists, a revocation letter ordering the licensee to immediately cease and desist will be issued. Refer to subsection 613.1.

**615 Foster Family Homes Located Out-of-County**

If a COFC or LCPA wishes to use a foster family home located in another county for full-time or intermediate care of children, the COFC or LCPA must arrange to have the case reviewed by the Local Coordinating Committee (LCC) if in operation in the child's county. See subsection 403.13. The COFC must then inquire of the county in which the home is located or of Central Office to verify that the home is licensed. If the home is licensed, the COFC that was responsible for licensure may authorize placement by the COFC making the request. The COFC that was responsible for licensure is responsible for requesting that Central Office increase the licensed capacity, if necessary.

If the home is not licensed, the COFC wishing to utilize the home must receive written permission to study and license the home from the COFC in the county where the home is located. The approval must be in writing and is to include any information known about the home, such as the past experience that the COFC in the county in which the home is located has had with the home and any problems encountered.

In any situation in which a COFC is using a home located in another county, the COFCs involved are to decide which COFC has the responsibility for supervision of the home. If the COFCs are not able to agree on the use of the foster family home for licensure, the Central Office Residential Licensing Unit Manager will assist in the decision-making process.

The COFC is to follow the above provisions for foster family homes that are currently licensed at the time of the evaluation for re-licensure. If the two counties involved cannot resolve issues regarding responsibility for licensure or supervision, the COFCs are to contact the Central Office Residential Licensing Unit Manager for assistance.

LCAs are advised to check with the COFC in the county in which the home is located as to whether the home may already be licensed or if any information is known about the home.

**616 County Office of Family and Children Staff as Foster Parents**

It is recognized that the responsibility of providing services to special needs children and their families is particularly stressful. The combination of professional demands and the responsibility of parenting special needs children places even more stress on an employee. Therefore, it is recommended that COFC staff refrain from assuming the role of foster parent.

In the event that a COFC employee intends to pursue becoming a foster parent, the following procedures and policies shall apply:

- (1) Another COFC or a private agency may license an individual employed in a COFC as a foster family home provided that:
  - (a) the employee is not licensed by and does not accept placement of children from the same COFC for which the employee works; and

- (b) the Director of the Division is advised of the intent of the COFC and approves the same.
- (2) A state employee who is a licensed foster parent may not have professional responsibilities related to the employee's own license.
- (3) Upon expiration of the current license, another COFC or private agency shall license those employees currently employed and licensed by the same county.
- (4) Those foster parent employees currently fostering a child who is a CHINS of the same county in which they are employed shall not accept any future placements from that county after the child leaves the home.
- (5) Individuals who contract with the agency for personal services for more than 30 hours a week for more than 26 weeks during a year shall also comply with the policy noted above.

## **617 Other Forms of Foster Parent Support**

In addition to pre-service and in-service training for foster parents, the State of Indiana, recognizing the critical role that foster parents play in the well-being of our children, provides and encourages other supportive services for them. These supportive services include foster parent recognition events and enabling Indiana to have representation at the National Foster Parent Conference.

### **617.1 Foster Parent Recognition Activities**

Across the state, COFCs encourage others to recognize fostering by individuals and families that exceeds the standards for foster care. In addition, the COFCs plan and implement activities such as luncheons, banquets and dinners for foster parents and participate in community social events for the recognition of foster parents. The Foster Care Training Advisory Committee members include feature articles in their regional newsletters which highlight foster family service records, outstanding accomplishments and recognition received from the community.

### **617.2 National Foster Parent Conference**

In order to promote learning and the dissemination of learning among Indiana foster parents, the state annually underwrites a portion of the cost for the Foster Family of the Year to attend the National Foster Care Conference. The Indiana Foster Care and Adoption Association (IFCAA) selects the Foster Family of the Year.

## **APPENDIX - SECTION 6-LICENSING**

- A. Rules and Regulations – Division of Family and Children Title 470–Article 3-Rule 1 (Licensing of Boarding Homes for Children)
- B. SF 10100 / FPP 0317, Application for Foster Family Home License or Adoption
- C. SF 17769 / FPP 0335, Recommendation for Foster Care License
- D. Medical Report for Foster Family Home
- E. Sample Health Report For Residents of Foster Family Homes
- F. Sample Cover Letter for Personal References for Foster Family Home License Applicants
- G. Reference Form
- H. State Form 46151, Applicant’s Statement of Attestation
- I. Consent to Release Information for Foster Family Home License
- J. State Form 8053, Request for Limited Criminal History Information
- K. Instructions for Water Analysis
- L. Foster Care Inquiry Form
- M. Notice of Foster Care Orientation Meeting
- N. Foster Care Orientation Outline
- O. Foster Care/Adoption Information Sheet
- P. Paving the Way To a Decision
- Q. Foster Parent Agreement
- R. Sample Foster Parent Training Schedule
- S. Foster Family Home Physical Environment Checklist
- T. Adoptive/Foster Family Inventory
- U. Instructions for Preparing the Family Eco-Map
- V. The Eco-Map Diagram Form
- W. Interpretation of the Family Eco-Map
- X. Child Behavior/Child Health Challenges Checklist
- Y. Outline for Foster Family Home Preparation Summary
- Z. Sample Voluntary Withdrawal or Relinquishment
- AA. Status Report for Initiating License
- BB. Sample License
- CC. Sample Denial Letter
- DD. Sample Foster Family Home Relicensing Cover Letter and Application for Renewal of Foster Family Home License
- EE. Status Report on Application for Relicensure
- FF. Foster Family Home Annual Report
- GG. Foster Family Home Staff Inquiry
- HH. Sample Revocation Letter
- II. Sample Initial Letter to Unlicensed Service Provider
- JJ. Sample Cease and Desist Letter
- KK. Sample Notification to Visit Unlicensed Home
- LL. Sample Final Notice to Unlicensed Service Provider



APPENDIX D

State of Indiana  
Family and Social Services Administration  
Division of Family and Children

**MEDICAL REPORT FOR FOSTER FAMILY HOME**  
(Circle the Applicable Program)

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_

This person has come to you in response to a request from the Family and Social Services Administration for a complete report on this person's physical condition. It is important for us to know of any health factors that might interfere with this person's ability to parent a foster child, provide child care for children, or raise a child with special needs.

1. MEDICAL HISTORY:

Cancer \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Epilepsy \_\_\_\_\_  
Handicaps \_\_\_\_\_  
Arthritis \_\_\_\_\_

Tuberculosis \_\_\_\_\_  
Thyroid \_\_\_\_\_  
Other Glandular Disturbance \_\_\_\_\_  
Asthma \_\_\_\_\_  
Cardiovascular Disease \_\_\_\_\_

2. LABORATORY TESTS:

Urinalysis \_\_\_\_\_  
Wassermann \_\_\_\_\_  
Chest X-Ray (if necessary) \_\_\_\_\_

3. GENERAL HEALTH:

Blood Pressure \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_

4. ABNORMAL FINDINGS ON PHYSICAL EXAMINATION AND MEDICAL DIAGNOSIS THAT WOULD BE RELEVANT TO THE CARE OF FOSTER CHILDREN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. ANY ILLNESS OR DISABILITY WHICH MIGHT LIMIT THIS PERSON'S ACTIVITY OR MAKE IT DIFFICULT OR IMPOSSIBLE FOR THE PERSON TO CARE FOR A GROWING CHILD:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. ALCOHOLISM OR DRUG ADDICTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPENDIX D (cont'd)**

7. FERTILITY: ABILITY TO CONCEIVE:

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8. COMMENTS: ON EMOTIONAL STABILITY/MATURITY:

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SIGNATURE OF DOCTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF DOCTOR: \_\_\_\_\_  
(Printed)

State of Indiana  
Family and Social Services Administration  
Division of Family and Children

**SAMPLE HEALTH REPORT FOR RESIDENTS OF FOSTER FAMILY HOMES**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Date of Examination \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

1. Is the person free from communicable disease?

2. Please report results of Tuberculin Test or X-ray.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Doctor \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Name of Doctor \_\_\_\_\_  
(Printed)

Applicant(s) will be responsible for cost of any examination or test made. This form is to be completed and mailed by the examining physician to:

**SAMPLE COVER LETTER FOR PERSONAL REFERENCES  
FOR FOSTER FAMILY HOME LICENSE APPLICANTS**

Date: \_\_\_\_\_

RE: \_\_\_\_\_

Dear \_\_\_\_\_:

\_\_\_\_\_ has/have applied to the \_\_\_\_\_ County Office of Family and Children for the purpose of becoming licensed/approved as a foster family home. Your name has been given as a personal reference. Please complete the enclosed form, and return it within five (5) business days to the \_\_\_\_\_ County Office of Family and Children in the enclosed pre-addressed envelope. Your confidential and honest responses are in the best interest of the applicant(s) and of any potential foster children who might be placed in the home. Please feel free to use the backside of this form or additional paper.

Thank you for your assistance in this very important matter. I look forward to receiving your response.

Very truly yours,

\_\_\_\_\_  
Name of Family Case Manager/  
Foster Care Licensing Specialist  
(printed)

**APPENDIX G**

State of Indiana  
Family and Social Services Administration  
Division of Family and Children

**REFERENCE FORM**

In reference to: How long have you known this person(s)? \_\_\_\_\_

In what capacity have you known this person(s)? \_\_\_\_\_

How often do you have contact with this person(s)? \_\_\_\_\_

What would you say about the person(s)? \_\_\_\_\_

Personal character (including integrity, honesty, ability to nurture)? \_\_\_\_\_  
\_\_\_\_\_

Social behavior habits (including use of alcohol/drugs and/or other behaviors that would not be in the best interest of children)? \_\_\_\_\_  
\_\_\_\_\_

Physical health? \_\_\_\_\_

Emotional stability? \_\_\_\_\_

To your knowledge, has this person(s) ever been convicted of a crime? \_\_\_\_\_

Do you think the person(s) would make a good foster parent(s)? \_\_\_\_\_

If so, why? \_\_\_\_\_

If not, why not? \_\_\_\_\_

Would you want the person(s) to care for your children? \_\_\_\_\_

What is the standing of the person(s) in the community? \_\_\_\_\_

How does the person(s) appear to manage personal and financial affairs? \_\_\_\_\_  
\_\_\_\_\_

Would you recommend placement of a child or children in this home? \_\_\_\_\_

Any additional information or comments would be genuinely appreciated. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continued on reverse side)

**APPENDIX G (cont'd)**

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Printed or typed)

PLEASE RETURN TO:

ATTENTION: \_\_\_\_\_  
Family Case Manager / Foster Care Licensing Worker

**APPENDIX I**

State of Indiana  
Family and Social Services Administration  
Division of Family and Children

**CONSENT TO RELEASE INFORMATION  
FOR FOSTER FAMILY HOME LICENSE**

I hereby consent to a release of information from law enforcement agencies, the criminal justice system and Child Protection Service to the \_\_\_\_\_ County Office of Family and Children regarding any prior criminal history, arrest record, or Child Protection Service history. I understand that this is necessary to insure the safety of foster children placed in my home. This authorization is valid from \_\_\_\_\_ to \_\_\_\_\_.

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
(printed)

Signature: \_\_\_\_\_

DOB: \_\_\_\_\_

S.S.N.: \_\_\_\_\_

Name: \_\_\_\_\_  
(printed)

Signature: \_\_\_\_\_

DOB: \_\_\_\_\_

S.S.N.: \_\_\_\_\_

## APPENDIX K

### INSTRUCTIONS FOR WATER ANALYSIS

All foster family homes that are not serviced by city water and sewage must have the water supply approved through an analysis from the Indiana Department of Health. To obtain a water sample bottle(s), write directly to:

Water Laboratory  
Indiana Department of Health  
402 West Washington Street, Room W364  
Indianapolis, IN 46202

To ensure that the sample bottle(s) is shipped without delay, specify the following items in your letter requesting a water bottle(s):

1. Specify the TYPE of bottle(s) desired (private drinking water).
2. Specify the NUMBER of bottle(s) desired.
3. Enclose a check or money order made payable to the Indiana Department of Health to cover the required testing mailing fee.
4. Include the complete mailing address where you wish the bottle(s) to be sent.

### DIRECTIONS FOR TAKING WATER SAMPLES

Before sampling, a small white crystal or spot of powder may be visible in the bottle. This is sterilized sodium thiosulfate, provided to deactivate any chlorine present in the water sample. DO NOT try to rinse out this substance prior to sampling, or you will contaminate the bottle.

Choose a sampling point in the water distribution system where the water outlet receives reasonable protection and is not subject to splashing. Avoid frost-proof hydrants, fire plugs, drinking fountains, kitchen sinks or damaged or dripping outlets.

If the selected sampling or outlet is equipped with a screen, strainer, or aerator, remove this device before processing. Then, open valve completely; and let the water run to waste as rapidly as possible for at least five (5) minutes.

Next, turn the valve down until only a thin stream of water is running. Remove the sample bottle cap, being careful not to touch or contaminate the neck or cap of the bottle. Then, fill the bottle with water until it is at least two-thirds full while leaving room at the top for expansion. Avoid hand contact with the water stream as it enters the bottle. Replace the bottle cap, and secure it tightly.



**APPENDIX L**

State of Indiana  
Family and Social Services Administration  
Division of Family and Children

**FOSTER CARE INQUIRY FORM**

COUNTY: \_\_\_\_\_ DATE OF INITIAL INQUIRY: \_\_\_\_\_

DATE OF INITIAL CONTACT BY FAMILY CASE MANAGER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

REASON FOR CALLING/INTEREST IN FOSTERING:  
\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS FOSTER CARE EXPERIENCE:  
\_\_\_\_\_  
\_\_\_\_\_

HOW REFERRED TO AGENCY:  
\_\_\_\_\_

**BASIC INFORMATION GIVEN TO POTENTIAL FOSTER PARENTS:**

- \_\_\_\_\_ Purpose of foster care
- \_\_\_\_\_ Roles, functions, expectations of foster parents
- \_\_\_\_\_ General statement about foster care in community
- \_\_\_\_\_ Information packet sent on \_\_\_\_\_
- \_\_\_\_\_ Basic requirements

**FOLLOW-UP CONTACT: ORIENTATION MEETING**

\_\_\_\_\_  
Date of First Notice

\_\_\_\_\_  
Date of Second Notice

**STATUS:**

- \_\_\_\_\_ Attended information meeting
- \_\_\_\_\_ Did not attend information meeting
- \_\_\_\_\_ Picked up training schedule
- \_\_\_\_\_ Follow-up contact

(Continued on reverse side)

**APPENDIX L (cont'd)**

Comments or reasons for not continuing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAMILY CASE MANAGER: \_\_\_\_\_  
(Initial Inquiry)

DATE OF TRAINING: \_\_\_\_\_

FOSTER CARE LICENSING STAFF: \_\_\_\_\_

**APPENDIX M**

State of Indiana  
Family and Social Services Administration  
Division of Family and Children

**NOTICE OF FOSTER CARE ORIENTATION MEETING**

Date: \_\_\_\_\_

Thank you for expressing an interest in the Foster Care Program managed by the \_\_\_\_\_ County Office of Family and Children. I have scheduled an orientation meeting so that we can discuss information about the program and answer any questions you might have. A member of local staff and an experienced foster parent will be at the discussion. The next meeting is scheduled for:

Day: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

If you need directions or cannot attend this meeting and need information about future scheduled meetings, please call me at \_\_\_\_\_. I hope to see you there.

Sincerely,

\_\_\_\_\_  
(Family Case Manager/Foster Care Licensing Specialist)

**Foster Care Orientation Outline  
(Approximately 2 1/2 hours)**

**I. Introduction**

- A. Welcome participants
- B. Introduce presenters
- C. History of foster care
- D. State of foster care nationally and locally
- E. Current laws, rules and regulations
- F. Purpose of foster care / role of foster parent
- G. Agency foster care needs
- H. Who the children are ("Children Who Wait" film can be shown here.)
- I. Bill of Rights for Foster Parents
  - 1. Input into case plan
  - 2. Notification of hearings
  - 3. Ability to adopt
  - 4. Relationship with the family case manager (FCM)
  - 5. Case conferencing policy

**II. Foster Parent Qualities**

- A. Team oriented
  - 1. Ability to work with birth parents
  - 2. Ability to deal with visitation/reunification
- B. Acceptance of child's background
  - 1. Cultural sensitivity
  - 2. Non-judgmental attitude
- C. Knowledge (or willingness to learn) of child development
- D. Knowledge (or willingness to learn) about appropriate parenting skills, discipline and supervision.
- E. Ability to nurture non-birth children
- F. Ability to provide a safe environment
- G. Assertiveness and advocacy
- H. Ability to enhance child's self-esteem
- I. Empowerment
- J. Ability to deal with the possibility of abuse/neglect allegations.

**III. Behaviors Foster Children Might Exhibit Due to Their History**

- A. Lying
- B. Stealing
- C. Disobedience
- D. Bedwetting
- E. Sexual acting out
- F. School problems
- G. Attachment problems
- H. Testing

**IV. Agency Policies**

- A. Visitation
  - 1. Separation loss/grief; importance of each
  - 2. Reunification

## APPENDIX N (cont'd)

- B. Discipline

### V. **Family Matters to Consider in Fostering**

- A. How will foster care affect each family member?
- B. What are your expectations?
- C. What are your support systems?
- D. Can I and/or my family meet the demands of parenting a special child?

### VI. **Practical Matters**

- A. Licensing requirements
- B. Family Preparation process/training
- C. Per diem, Medical Passport, health and education requirements
- D. Responsibilities of the agency (Section 403.4)
- E. Responsibilities of the foster parent (Section 403.4)
- F. Rights of foster parents
- G. Agency contact numbers

### VII. **Outline Initial Step**

- A. Provide application packet
- B. Discuss application packet
- C. Provide instructions for submitting application

State of Indiana  
Family and Social Services Administration  
Division of Family and Children

**FOSTER CARE/ADOPTION INFORMATION SHEET**

EXPLANATION:

The protection of foster children requires persons applying to become foster or adoptive parents to supply some facts about their own background. Completion of the following outline serves as an initial source of information that will help us to furnish the appropriate guidance you will need to decide whether or not you want to become a foster or adoptive parent.

Other opportunities will be made available for you to explore further what foster parenting and adoption is all about and to prepare you for fostering or adopting should you decide to proceed with the family preparation process. Your right to confidentiality will be duly respected.

Please complete this information sheet, and submit it to the Family Case Manager/SNAP Specialist. If you need assistance with completing the form, please notify the Family Case Manager/SNAP Specialist at ( ) - .

PLEASE PRINT

**PERSONAL DATA**

LAST NAME \_\_\_\_\_ DATE \_\_\_\_\_ FH # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ OFFICE \_\_\_\_\_

PERSONAL DATA

APPLICANT A

APPLICANT B

Full legal name \_\_\_\_\_

Birthplace and date \_\_\_\_\_

Complexion \_\_\_\_\_

Color of eyes \_\_\_\_\_

Color of hair \_\_\_\_\_

Height \_\_\_\_\_

**APPENDIX O (cont'd)**

Weight	<hr/>	<hr/>
Serious illness or Disability(ies)	<hr/>	<hr/>
Social Security Number	<hr/>	<hr/>

EDUCATION

High school attended	<hr/>	<hr/>
Highest grade completed and date	<hr/>	<hr/>
College attended	<hr/>	<hr/>
Degree obtained	<hr/>	<hr/>
Grade point average	<hr/>	<hr/>

RELIGION

Religious affiliation	<hr/>	<hr/>
Religious Leader	<hr/>	<hr/>

ORGANIZATION MEMBERSHIP

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

HOBBIES AND INTERESTS

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

SCHOOLS AND DISTANCE FROM HOME


APPLICANTS' FATHERS

	<u>Applicant A's Father</u>	<u>Applicant B's Father</u>
Names & ages, if living. If deceased, give age, date, and cause of death.		
<u>PLACE OF BIRTH</u>		
<u>NATIONALITY</u>		
<u>PRINCIPAL OCCUPATION</u>		
<u>HEALTH</u>		
<u>RELIGION</u>		
<u>ADDRESS</u>		
<u>EDUCATION</u>		

APPLICANTS' MOTHER'S

Names (maiden) & ages, if living. If deceased, give age, date, and cause of death.		
<u>PLACE OF BIRTH</u>		
<u>NATIONALITY</u>		
<u>PRINCIPAL OCCUPATION</u>		
<u>HEALTH</u>		
<u>RELIGION</u>		
<u>ADDRESS</u>		
<u>EDUCATION</u>		



**APPENDIX O (cont'd)**

**BROTHERS AND SISTERS:** List names, ages, if living (date and cause of death, if deceased); health, marital status, and number of children.

<u>Applicant A</u>	<u>Applicant B</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(If additional space is needed, please add and attach to this page.)

**PERSONAL BACKGROUND**

	<u>Applicant A</u>	<u>Applicant B</u>
Previous marriage or relationship	_____	_____
Date:	_____	_____
Reason for termination	_____	_____
Number of children	_____	_____
Name and date of birth	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

**PRESENT MARRIAGE**

Date and place	_____
----------------	-------

**APPENDIX O (cont'd)**

Names, birthdates of  
children

---

---

---

---

Number of children  
deceased

---

---

---

Applicant A

Applicant B

HAVE YOU EVER BEEN  
CONVICTED OF A CRIME?

---

---

HAVE YOU EVER HAD  
PSYCHIATRIC TREATMENT?

---

---

WHAT MEDICAL STEPS HAVE BEEN TAKEN? (for adoption applicant(s) only)

---

---

---

REASON FOR WANTING A CHILD:

---

---

---

AGE OF CHILD DESIRED: \_\_\_\_\_

SEX: \_\_\_\_\_

OTHER REQUIREMENTS: \_\_\_\_\_

---

---

---

PHYSICAL DEFECTS, NATIONALITY, RACIAL, OR OTHER FACTORS YOU COULD NOT CONSIDER:

---

---

---

HOW LONG HAVE YOU CONSIDERED ADOPTION/FOSTER CARE?

---

---

## APPENDIX O (cont'd)

### APPLICABLE TO FOSTER CARE APPLICANTS

(Applicant A) I understand that I must successfully complete twenty (20) preparatory hours before I can have a child placed with me. Yes \_\_\_\_\_ No \_\_\_\_\_

I also understand that I can withdraw from the preparatory program at any time before licensing takes place and that a license will not be granted if I withdraw. Yes \_\_\_\_\_ No \_\_\_\_\_

(Applicant B) I understand that I must successfully complete twenty (20) preparatory hours before I can have a child placed with me. Yes \_\_\_\_\_ No \_\_\_\_\_

I also understand that I can withdraw from the preparatory program at any time before licensing takes place and that a license will not be granted if I withdraw. Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE:** Please be informed that before the Division of Family and Children can consider granting a license, it will be necessary to:

- a. complete the family preparation process;
- b. have a tuberculosis test;
- c. obtain a written statement from your doctor about your general physical health;
- d. show a record of your marriage license, unless you are a single person;
- e. show a record of your divorce, if you have been married before;
- f. have references on file; and
- g. have a signed SF 46151 Applicant's Statement of Attestation on file.

**AGAIN:** Explanations and directions will be given to you concerning the above requirements.

(Signed) \_\_\_\_\_  
Applicant A

Date \_\_\_\_\_

(Signed) \_\_\_\_\_  
Applicant B

Date \_\_\_\_\_

### **PREFERENCE DATA**

#### **Foster Care/Adoption History**

Have you ever applied to another child placing agency? If yes, please list ALL agencies that you have EVER applied to for adoption or foster care. If needed, use an additional sheet.

Name of the agency \_\_\_\_\_

Address \_\_\_\_\_

## APPENDIX O (cont'd)

Date applied \_\_\_\_\_

Was a family preparation assessment done? \_\_\_\_\_

Check those agencies where you have currently applied.

\_\_\_\_\_

Check those agencies where you currently have a family preparation completed.

\_\_\_\_\_

### PLACEMENT PREFERENCE

Please put an "X" on any category you would definitely consider. Please put an "\*" on those you might consider but would like to discuss further.

Male \_\_\_\_\_ Female \_\_\_\_\_ No Preference \_\_\_\_\_ Twins \_\_\_\_\_ Siblings \_\_\_\_\_

### AGE OF CHILD:

Infant to 3 months: \_\_\_\_\_ 3 to 6 months: \_\_\_\_\_ 6 to 12 months: \_\_\_\_\_ 1 to 3 years: \_\_\_\_\_

3 to 6 years: \_\_\_\_\_ 6 to 10 years: \_\_\_\_\_ 10 to 14 years: \_\_\_\_\_ 14 and over: \_\_\_\_\_

### NATIONAL DESCENT:

Black or African American: \_\_\_\_\_ Caucasian: \_\_\_\_\_ American Indian \_\_\_\_\_ Asian: \_\_\_\_\_

Native Hawaiian: \_\_\_\_\_ Other Pacific Islander: \_\_\_\_\_

### MEDICAL CONDITION:

Prematurity: \_\_\_\_\_ Developmental disabilities: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Hearing disorders: \_\_\_\_\_

Facial disorders: \_\_\_\_\_ Birthmarks: \_\_\_\_\_ Seizure disorder: \_\_\_\_\_ Vision impairment: \_\_\_\_\_

Speech problem: \_\_\_\_\_ Illness or disease: \_\_\_\_\_ Mental/or emotional challenges: \_\_\_\_\_

Behavioral challenges: \_\_\_\_\_ Sexually abused: \_\_\_\_\_ Physically abused: \_\_\_\_\_

Emotionally challenged: \_\_\_\_\_ Intellectually challenged: \_\_\_\_\_ Genetic/hereditary conditions: \_\_\_\_\_

Learning disabled: \_\_\_\_\_

**APPENDIX O (cont'd)**

(For adoptive applicants only)

**YOUR FUTURE ADOPTIVE CHILD**

(Please Print)

1. When do you plan to tell the child that he/she is adopted? How would you approach the subject? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What would be the affect on your adopted child if you have a birth/biological child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. How do you plan to discipline the child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What are your educational goals for the child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What will you do if the child does not achieve this goal? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What will you do if a physical or mental handicap develops? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What is your plan for religious training? \_\_\_\_\_  
\_\_\_\_\_
8. Have you given care to children in your home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What fulfillment did you receive; and if problems developed, what were they? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. What are your feelings toward an out-of-wedlock child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Why do you want to adopt a child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FINANCIAL PROFILE

Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

## INCOME:

1. Salary and/or wages (current yearly gross income, including bonuses, if applicable)

Applicant A: \_\_\_\_\_

Applicant B: \_\_\_\_\_

2. Income from interest: \_\_\_\_\_

3. Income from dividends: \_\_\_\_\_

4. Rental income: \_\_\_\_\_

5. Other: \_\_\_\_\_

## INVESTMENTS (Stocks, bonds, savings certificates, certificates of deposit, tax deferred annuities)

NameValue


## HOUSE:

1. Estimated value: \_\_\_\_\_

2. Original price: \_\_\_\_\_

3. Balance on mortgage: \_\_\_\_\_

4. Mortgage: \_\_\_\_\_

5. Monthly payment: \_\_\_\_\_

\_\_\_\_\_

## AUTOMOBILES:

MakeYearLienMonthly Payment


## RENTAL HOUSING:

1. Monthly payment: \_\_\_\_\_

2. Monthly utility costs: \_\_\_\_\_

**APPENDIX O (cont'd)**

OTHER REAL PROPERTY

---

INSURANCE: WHOLE LIFE AND TERM

<u>Insured</u>	<u>Amount</u>	<u>Company</u>	<u>Monthly Cost</u>

Medical Insurance:            Yes: \_\_\_\_\_            No: \_\_\_\_\_

Company: \_\_\_\_\_  
Cost, if applicable: \_\_\_\_\_

OUTSTANDING MONTHLY OBLIGATIONS (Visa, Master Charge, charge accts., etc.)

<u>Name</u>	<u>Amount</u>	<u>Monthly Payment</u>

BANK ACCOUNTS:

- |    |            |            |           |
|----|------------|------------|-----------|
| 1. | Savings:   | Yes: _____ | No: _____ |
| 2. | Checking : | Yes: _____ | No: _____ |

## PAVING THE WAY TO A DECISION

## NOTE TO FOSTER PARENTS

Foster parent applicants complete part a. prior to the first home visit. FCM / Foster Care Licensing Staff completes part b. with applicants at the second home visit.

1. a. The first time I heard about foster parenting was: \_\_\_\_\_  
\_\_\_\_\_

The first time I actually inquired about foster parenting was:

\_\_\_\_\_

- b. Since that time, my ideas about foster parenting have changed:

a great deal \_\_\_\_\_ quite a bit \_\_\_\_\_ a little bit \_\_\_\_\_ not at all \_\_\_\_\_

The reason for my answer to the above is: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

2. a. One of the most appealing features which I look forward to as a foster parent is: \_\_\_\_\_  
\_\_\_\_\_

- b. This feature remains: most appealing \_\_\_\_\_ is now less appealing \_\_\_\_\_ is not appealing at all \_\_\_\_\_

The reason for my answer to the above is: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

3. a. One of the big worries I have about becoming a foster parent is: \_\_\_\_\_  
\_\_\_\_\_

- b. Since that time, my worry has:                      been greatly reduced \_\_\_\_\_  
been somewhat reduced \_\_\_\_\_ remains the same \_\_\_\_\_

The reason for my answer to the above is: \_\_\_\_\_

\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

4. a. Probably the biggest behavior problem in a child which I would have trouble dealing with is:

- b. Since that time, I think that I would have: much less trouble \_\_\_\_\_  
somewhat less trouble \_\_\_\_\_ just as much trouble \_\_\_\_\_

Foster Care Licensing Question: How can we help you in this area? \_\_\_\_\_

\_\_\_\_\_

Foster Care Licensing Staff's Comments: \_\_\_\_\_

\_\_\_\_\_



**APPENDIX P (cont'd)**

5. a. Probably the three (3) best qualities I would have as a foster parent are: \_\_\_\_\_  
\_\_\_\_\_

To help a child achieve permanence, I feel these qualities are: very important \_\_\_\_\_  
somewhat important \_\_\_\_\_ not very important at all \_\_\_\_\_

My reason for the above response is: \_\_\_\_\_

Foster Care Licensing Staff's Question (if appropriate) : How can we help you in this area? \_\_\_\_\_  
\_\_\_\_\_

Foster Care Licensing Staff's Comments: \_\_\_\_\_

6. a. I would probably feel most comfortable in caring temporarily for: a boy \_\_\_\_\_ a girl \_\_\_\_\_  
between the ages of \_\_\_\_\_ and \_\_\_\_\_.

- b. I still feel the same. \_\_\_\_ My mind has changed somewhat. \_\_\_\_ I now feel quite differently \_\_\_\_

The reason for my answer to the above is: \_\_\_\_\_

Foster Care Licensing Staff's Question: Is there any help we can give you in this area? \_\_\_\_\_

Foster Care Licensing Staff's Comments: \_\_\_\_\_

7. a. My partner thinks that the responsibilities of foster parenting involve: \_\_\_\_\_

- b. My partner still feels the same. \_\_\_\_\_ My spouse has changed somewhat. \_\_\_\_\_  
My spouse now feels quite differently \_\_\_\_\_

The reason for my answer to the above is: \_\_\_\_\_

Foster Care Licensing Staff's Question: What help can we give you in this area? \_\_\_\_\_

Foster Care Licensing Staff's Comments: \_\_\_\_\_

8. a. I have talked about foster parenting with \_\_\_\_\_ and that person(s) thinks: \_\_\_\_\_

- b. The party(ies) with whom I have spoken: still feel the same way \_\_\_\_\_  
have changed their minds somewhat \_\_\_\_\_ now feel quite differently \_\_\_\_\_

The reason for my answer to the above is: \_\_\_\_\_

Foster Care Licensing Staff's Question: Is there any help we can give you in this area? \_\_\_\_\_

Foster Care Licensing Staff's Comments: \_\_\_\_\_

9. a. I would probably find it most difficult to deal with a girl who: \_\_\_\_\_

- b. I still feel the same way \_\_\_\_\_ I have changed my mind somewhat \_\_\_\_\_  
I feel quite differently now \_\_\_\_\_

**APPENDIX P (cont'd)**

10. a. I would probably find it most difficult to deal with a boy who: \_\_\_\_\_
- b. I still feel the same way \_\_\_\_\_ I have changed my mind somewhat \_\_\_\_\_  
I feel quite differently now \_\_\_\_\_
- Foster Care Licensing Staff's Question: Is there any help we can give you in this area? \_\_\_\_\_
- Foster Care Licensing Staff's Comments: \_\_\_\_\_
11. The idea of dealing with the birth parent(s) of a foster child makes me feel: \_\_\_\_\_  
\_\_\_\_\_
- My feelings remain the same \_\_\_\_\_ My feelings have changed somewhat \_\_\_\_\_  
I feel quite differently now \_\_\_\_\_
- The reason for my answer to the above question is: \_\_\_\_\_
- Foster Care Licensing Staff's Question: What help can we give you in this area? \_\_\_\_\_
- Foster Care Licensing Staff's Comments: \_\_\_\_\_
12. a. What I would like to understand most about foster parenting is: \_\_\_\_\_  
\_\_\_\_\_
- b. My desire remains the same \_\_\_\_\_ My desire has changed somewhat \_\_\_\_\_  
My desire now is quite changed \_\_\_\_\_
- The reason for my answer to the above is: \_\_\_\_\_
- Foster Care Licensing Staff's Question: Is there any help we can give you in this area? \_\_\_\_\_
- Foster Care Licensing Staff's Comments: \_\_\_\_\_
13. a. What I will probably find most difficult in my contacts with a foster care worker is: \_\_\_\_\_  
\_\_\_\_\_
- b. I still feel the same way \_\_\_\_\_ I now feel somewhat differently \_\_\_\_\_  
I now feel altogether different \_\_\_\_\_
- The reason for my answer to the above is: \_\_\_\_\_
- Foster Care Licensing Staff's Question: What kind of help can we give you in this area? \_\_\_\_\_
- Foster Care Licensing Staff's Comments: \_\_\_\_\_  
\_\_\_\_\_
14. a. One thing I would not want a foster care worker to do is: \_\_\_\_\_  
\_\_\_\_\_

**APPENDIX P (cont'd)**

- b. I still feel the same way \_\_\_\_\_ I feel somewhat differently now \_\_\_\_\_  
My feelings have now changed greatly \_\_\_\_\_
- Foster Care Licensing Staff's Question: How can we be of help to you in this area? \_\_\_\_\_
- Foster Care Licensing Staff's Comments: \_\_\_\_\_
15. a. As I think about foster parenting, the area I might need the most help in is: \_\_\_\_\_
- b. I still feel the same way \_\_\_\_\_ I feel somewhat differently now \_\_\_\_\_  
My feelings have changed greatly \_\_\_\_\_
- The reason for my answer to the above is: \_\_\_\_\_
- Foster Care Licensing Staff's Question: How can we be of help to you in this area? \_\_\_\_\_
- Foster Care Licensing Staff's Comments: \_\_\_\_\_
16. a. For me, the most difficult part in asking for help is: \_\_\_\_\_
- b. My feelings remain the same \_\_\_\_\_ My feelings have changed somewhat \_\_\_\_\_  
My feelings have changed greatly \_\_\_\_\_
- The reason for my answer to the above is: \_\_\_\_\_
- Foster Care Licensing Staff's Question: How can we be of help to you in this area? \_\_\_\_\_
- Foster Care Licensing Staff's Comments: \_\_\_\_\_
17. I would probably want to quit as a foster parent when: \_\_\_\_\_
- I still feel the same \_\_\_\_\_ My feelings have changed somewhat \_\_\_\_\_  
My feelings have changed greatly \_\_\_\_\_
- The reason for my answer to the above is: \_\_\_\_\_
- Foster Care Licensing Staff's Question: How can we be of help to you in this area? \_\_\_\_\_
- Foster Care Licensing Staff's Comments: \_\_\_\_\_
18. If a foster child were giving me a terribly hard time, I would probably: \_\_\_\_\_
- I would still do the same \_\_\_\_\_ I would do something somewhat different \_\_\_\_\_  
I would do something altogether different \_\_\_\_\_
- The reason for my answer to the above is: \_\_\_\_\_

**APPENDIX P (cont'd)**

Foster Care Licensing Staff's Question: What help can we give you in this area? \_\_\_\_\_

Foster Care Licensing Staff's Comments: \_\_\_\_\_

19. a. Foster children probably think that their birth parents are: \_\_\_\_\_  
\_\_\_\_\_

b. I still feel the same way \_\_\_\_\_ I now feel somewhat differently \_\_\_\_\_  
My feelings have changed greatly \_\_\_\_\_

The reason for my answer to the above is: \_\_\_\_\_

Foster Care Licensing Staff's Question: How can we help you in this area? \_\_\_\_\_  
\_\_\_\_\_

Foster Care Licensing Staff's Comments: \_\_\_\_\_  
\_\_\_\_\_

20. a. When it comes time for a foster child to move from my home, the part I will probably have the most difficulty with is: \_\_\_\_\_

b. I still feel the same way \_\_\_\_\_ I now feel somewhat differently \_\_\_\_\_  
My feelings have changed greatly \_\_\_\_\_

The reason for my answer to the above is: \_\_\_\_\_

Foster Care Licensing Staff's Question: How can we help you in this area? \_\_\_\_\_

Foster Care Licensing Staff's Comments: \_\_\_\_\_  
\_\_\_\_\_

Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature/Applicant A

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Applicant B

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Care Consultant

\_\_\_\_\_  
Date

**FOSTER PARENT AGREEMENT**

---

(Name of Agency)

**MUTUAL GOALS**

As parties of this agreement, we are committed to:

- (1) help prepare the child to adjust to the present separation and to prepare for permanency;
- (2) work together to provide for the needs of children removed from their families;
- (3) cooperate to meet the case plan goals of the child;
- (3) consider any foster placement temporary in nature;
- (4) respect the rights of the child's parents or legal guardians; and
- (5) maintain open communication with the child's and family's best interest in mind.

**II. INDIVIDUAL RESPONSIBILITIES**

Foster Parents' Responsibilities

Foster Parents are to:

- (1) acknowledge receipt of a copy of the licensing rules and regulations of the Division of Family and Children and the written guidelines of the COFC or LCPA, and comply with the written requirements as they apply to the role of the foster parent.
- (2) refer to the COFC or LCPA those matters concerning the care and well-being of foster children designated by DFC or LCPA policy as requiring agency input or authorization
- (3) acknowledge the explanation of the policies on discipline, matching, foster parent role, visiting, and the COFC's role and responsibility.
- (4) provide day-to-day care and supervision of children placed in their home, such as shelter, nutritious food, clothing, and personal care.
- (5) see that a child's medical and health care needs are met and participate in and follow any professionally recommended treatment plan regarding those needs.

County Office of Family and Children or Licensed Child-Placing Agency Responsibilities

The County Office is to:

- (1) provide a copy of current licensing rules and regulations of the Division of Family and Children and written guidelines of the COFC or LCPA and ensure compliance with the written requirements as they apply to foster care.
- (2) promote collaborative decision-making in matters concerning the care and well-being of foster children whenever possible, and bring to the attention of the court those issues that require court decisions/approvals.
- (3) provide an explanation of the division's policies on discipline, matching, foster parent role, visiting and the COFC's role and responsibility.
- (4) provide foster care per diem, clothing allowance, and necessary dental and medical expenses, including eye care, in a timely manner.
- (5) help arrange for special medical or psychological services.

## APPENDIX Q (cont'd)

### Foster Parents' Responsibilities

Foster Parents are to:

- (6) keep records regarding medical care given and observations related to a child's development and well-being.
- (7) utilize best efforts to contribute toward the implementation and achievement of the case plan.
- (8) maintain the confidentiality of any information made available to me.
- (9) permit visitation and other types of appropriate communication of children in their charge with the latter's parents or with those individuals that the division or agency may designate.
- (10) notify the COFC or LCPA regarding any substantial and/or harmful changes to the child's well-being.
- (11) notify the division or agency promptly when there is an occurrence of any of the following:
  - change of address;
  - situations affecting ability to provide foster care according to policies, rules, and regulations;
  - family vacation plans or removal of a child from the county;
  - change in number of individuals in the household;
  - changes within the family affecting the well-being of the child;
  - unauthorized attempts by anyone to contact or take custody of the child.

### County Office of Family and Children or Licensed Child-Placing Agency Responsibilities

The County Office is to:

- (6) provide appropriate forms for the purpose of maintaining medical and developmental information.
- (7) develop a case plan with input from the foster family for each individual child in foster care.
- (8) provide a clear explanation regarding the issue of confidentiality.
- (9) arrange visitation and encourage communication between the foster children and their parents or other individuals when the division or agency feels they should have contact with the children, and provide such notice that is proper to the foster parents under the circumstances.
- (10) monitor the placement, making face-to-face contact at least once every two (2) months, with the child and the foster parents or at more frequent intervals if deemed necessary by the COF C or LCPA.
  - secure the proper authorization for the administering of any non-emergency treatment to the child.
  - consult with and assist the foster parents in providing treatment or referring them to an appropriate service provider.
- (11) provide foster parents with the names and phone numbers of family case managers (FCMs)/foster care licensing staff and a copy of COFC or LCPA policies and procedures related to notification, including a plan for emergency "after hours" contact.

## APPENDIX Q (cont'd)

### Foster Parents' Responsibilities

Foster Parents are to:

- (12) see that school-aged children observe compulsory school attendance laws of the state and provide foster children with reasonable assistance and guidance regarding their overall learning and individual school achievements.

follow appropriate procedures if it is desired that the foster child attend a private school. (NOTE: Attendance of a child at a private accredited school is to have the approval of the COFC as well as that of the biological parents. Financial responsibility is not to be assumed by the COFC, but rather by the biological parents or foster parents requesting this type of school arrangement.)

- (13) provide appropriate nurturing, guidance, discipline, and moral training according to the written guidelines of the COFC or LCPC.

- (14) give preference to the religion of each child in planning for the child's attendance at Sunday School and/or church.

- (15) consider the child's culture and ethnic heritage when planning and caring for the child.

promote the maintenance of essential cultural connections.

- (16) give two (2) weeks notice, except if the court orders otherwise, to the division after it is determined that the placement is not in the best interests of the foster child or the foster family unless the foster parents feel that conditions require the child's immediate removal.

### County Office of Family and Children or Licensed Child-Placing Agency Responsibilities

The County Office is to:

- (12) provide an allowance for educational needs including tuition, supplies, rental fees, and any approved fees for supplemental education. This may or may not be a part of the per diem to the foster family home.

explain that county expenditures are limited to education in public accredited schools.

- (13) provide written guidelines defining appropriate foster care that establishes policy related to such aspects of foster care as discipline and treatment of a child in foster care.

- (14) provide information regarding a child's religious preference.

- (15) provide information, education and training on cultural awareness and promoting cultural and minority sensitivity.

- (16) give two (2) weeks notice, to the foster parents of its intent to remove a child from the residence except if the court orders otherwise, or unless such advance notice is inconsistent with the child's welfare. In the latter case the child may be removed from the home without hearing on such removal or notice thereof. In this regard, the foster parents realize that they have no liberty interests in foster children as they would their own adoptive or biological children.

## APPENDIX Q (cont'd)

### Foster Parents' Responsibilities

Foster Parents are to:

- (17) acknowledge that the parties intend to establish an Independent Contractor/Principal relationship by this agreement. Nothing contained herein shall be construed, utilized, or interpreted as establishing an employer-employee relationship or principal-agent relationship between the foster parents and the State of Indiana. This means that foster parents are acknowledging that neither the placing agency nor the supervising agency will be liable for any negligent or intentional acts of the foster parents which cause injury to any child placed under this agreement
- (18) be knowledgeable concerning the rights of foster parents and the procedures in place to resolve problematic situations.

### County Office of Family and Children or Licensed Child-Placing Agency Responsibilities

The County Office is to:

- (17) reasonably assist the foster parents in securing and maintaining their foster care license issued by the Division of Family and Children.
- (18) explain the rights that foster parents have, including the case conference policy and the purpose of the Communication Enhancement procedure.



**FOSTER PARENT AGREEMENT  
(Signature Page)**

COFC FH # \_\_\_\_\_  
LCPA FH # \_\_\_\_\_

\_\_\_\_\_  
(Name of Division/Agency)

In order to establish mutual goals regarding foster care of children and to define our individual responsibilities in achieving the established goals, we, the undersigned, agree to follow the Foster Parent Agreement that we have received and acknowledge that this Agreement shall be reviewed annually.

_____ Name of Foster Parent (Typed or Printed)	_____ Signature of Foster Parent	_____ Date Signed
_____ Name of Foster Parent (Typed or Printed)	_____ Signature of Foster Parent	_____ Date Signed
_____ Name of Director or Authorized Representative	_____ Signature of Director or Authorized Representative	_____ Date Signed

**ANNUAL REVIEWS**

☐ The Foster Parent Agreement was reviewed on this date: \_\_\_\_\_

_____ Signature of Director or Authorized Representative	_____ Signature of Foster Parent	_____ Date Signed
--	-------------------------------------	----------------------

The Foster Parent Agreement was reviewed on this date \_\_\_\_\_

_____ Signature of Director or Authorized Representative	_____ Signature of Foster Parent	_____ Date Signed
--	-------------------------------------	----------------------

The parties to this agreement acknowledge that their relationship shall be governed by the laws of the State of Indiana and the provisions of this agreement, as well as the subsequent oral directions of the COFC regarding the best interests, of foster children, providing that these subsequent directions are not inconsistent with the laws of the State nor terms of this agreement.

The parties further realize that this agreement may be terminated by either party at any time. In the event that the Foster Family Home License were revoked or expired without renewal, termination would be immediate. This agreement is subject to renewal each year.

## (SAMPLE ONLY)

## FOSTER PARENT TRAINING SCHEDULE

AUGUST

## Session #1

8/13/00	Monday	6:00 pm to 9:00 pm	Lutherwood 1525 N. Ritter Avenue
8/16/00	Thursday	6:00 pm to 9:00 pm	
8/20/00	Monday	6:00 pm to 9:00 pm	
8/23/00	Thursday	6:00 pm to 9:00 pm	
8/27/00	Monday	6:00 pm to 9:00 pm	
8/29/00	Wednesday	6:00 pm to 9:00 pm	
8/30/00	Thursday	6:00 pm to 9:00 pm	

AUGUST

## Session #2

8/14/00	Tuesday	6:00 pm to 9:00 pm	Bethel United Methodist Church 5252 W 52nd St
8/15/00	Wednesday	6:00 pm to 9:00 pm	
8/16/00	Thursday	6:00 pm to 9:00 pm	
8/21/00	Tuesday	6:00 pm to 9:00 pm	
8/22/00	Wednesday	6:00 pm to 9:00 pm	
8/23/00	Thursday	6:00 pm to 9:00 pm	
8/28/00	Tuesday	6:00 pm to 9:00 pm	

SEPTEMBER

## Session #3

9/01/00	Saturday	9:00 am to 5:00 pm	Lutherwood 1525 N Ritter Avenue (lower dining room)
9/08/00	Saturday	9:00 am to 5:00 pm	
9/15/00	Saturday	9:00 am to 5:00 pm	

SEPTEMBER

## Session #4

9/06/00	Thursday	6:00 pm to 9:00 pm	Irvington United Methodist Church (tentative) 30 N Audubon
9/10/00	Monday	6:00 pm to 9:00 pm	
9/13/00	Thursday	6:00 pm to 9:00 pm	
9/17/00	Monday	6:00 pm to 9:00 pm	
9/20/00	Thursday	6:00 pm to 9:00 pm	
9/24/00	Monday	6:00 pm to 9:00 pm	
9/27/00	Thursday	6:00 pm to 9:00 pm	

Please call Susan Cabage 233-0946 if you need to make up a session.

---

Please detach and return in envelope provided or call 232-0946 to register.

I wish to attend:

\_\_\_\_\_ Session #1

\_\_\_\_\_ Session #3

\_\_\_\_\_ Session #2

\_\_\_\_\_ Session #4

**APPENDIX R (cont'd)**

Person(s) Attending:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Day Time Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Day Time Phone \_\_\_\_\_

**APPENDIX S**

State of Indiana  
Family and Social Services Administration  
Division of Family and Children

**FOSTER FAMILY HOME PHYSICAL ENVIRONMENT CHECKLIST**

Applicant's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Date of home visit: \_\_\_\_\_  
Number of children in the home: \_\_\_\_\_  
Number of children applying for: \_\_\_\_\_  
FCM / Foster Care Licensing Staff: \_\_\_\_\_

- |   |                      |
|---|----------------------|
| 1. Exterior premises are clean and free from dangerous or hazardous conditions.   | Yes _____ No _____   |
| 2. Cooking and refrigeration equipment is in clean and sanitary condition.  | Yes _____ No _____   |
| 3. Living areas are comfortable and accessible.   | Yes _____ No _____   |
| 4. Bedroom space includes 50 sq. feet per foster child.   | Yes _____ No _____   |
| 5. No bedrooms are in a hall or basement.   | Yes _____ No _____   |
| 6. All children have their own beds.  | Yes _____ No _____   |
| 7. Home has a functioning bathroom.   | Yes _____ No _____   |
| 8. Home has a working telephone.  | Yes _____ No _____   |
| 9. Home is well heated and ventilated.  | Yes _____ No _____   |
| 10. Household poisons are out of reach of children.   | Yes _____ No _____   |
| 11. Unloaded firearms and ammunition are stored in separate locked places.  | Yes _____ No _____   |
| 12. Pets have up-to-date rabies vaccinations.   | Yes _____ No _____   |
| 13. Home has operational smoke detectors on all levels.   | Yes _____ No _____   |
| 14. Home has a Type B fire extinguisher in the kitchen.   | G Yes _____ No _____ |
| 15. Every sleeping room has 2 exits.  | Yes _____ No _____   |
| 16. Furnace, stoves, heaters, etc., are properly vented and are operating in accordance with manufacturers' specifications. | Yes _____ No _____   |
| 17. Electrical wiring is not exposed or uninsulated.  | Yes _____ No _____   |
| 18. Motor vehicles are in safe operating condition.   | Yes _____ No _____   |

Comments: (Follow-up required)

\_\_\_\_\_  
Signature of FCM / Foster Care Licensing Staff

\_\_\_\_\_  
Date

State of Indiana  
Family and Social Services Administration  
Division of Family and Children

### ADOPTIVE/FOSTER FAMILY INVENTORY

Please use separate paper to respond to the following. The inventory tool may be completed by the individual applicant or with the assistance of the FCM/ SNAP Specialist. Each applicant should respond individually. Your answers will assist the FCM/ SNAP Specialist in completing your written family preparation assessment, as well as assist you in clarifying your feelings and beliefs about adoption/foster care.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

#### FAMILY AND BACKGROUND

- A. Describe your family background.
  - 1. Relationship to your own parents
    - a. Describe the continuing relationship with them.
    - b. Do you visit back and forth?
    - c. What are their feelings regarding your plans to adopt/foster parent?
  - 2. Describe your relationship with brothers and sisters.
  - 3. Was childhood satisfying?
    - a. What kind of memories do you have of your childhood?
    - b. Were there marked deprivations?
    - c. What was your most memorable experience? (Both positive and negative and why.)
    - d. Were you active in any childhood activities?  
(school, church, scouts, etc.)
  - 4. How were you disciplined as a child and youth (or teenager)?
  - 5. Do you respect your parents for this discipline?
  - 6. What person was most important to you as you were growing up?  
Who was most influential? Why?
  - 7. Has alcohol or substance abuse ever touched you, your family, or someone close to you?
- B. If you were separated in childhood or youth from one or both parents, why? How do you feel about it now?
- C. How did you see your parent's marriage/relationship?
  - 1. Have you patterned your life after it?
  - 2. Tried to improve? How different?

#### SELF

- A. Describe your personality.
- B. What are your life goals?
- C. Tell about your hobbies, interests, dislikes, etc.
- D. What do you like best about yourself? What would you like to change?
- E. Has abuse or neglect ever touched your family or someone close to you?

## **APPENDIX T (cont'd)**

- F. Have you ever had professional counseling? If so, how long ago?
- G. How do you resolve differences in your marriage/relationship?
- H. What things do you do for fun as a family/unit?
- I. How much privacy do you require?

### **CHILDREN**

1. If you have children, describe their physical appearance, school performance, personality, etc.
2. What types of behavior require parental discipline?
3. Are there any forms of discipline you feel are inappropriate?
4. At this time, what type of child do you feel you can parent?
5. What strengths and background do you feel you have that will enable you to parent this type of child?
6. At this time, what do you think you will expect from your children?
7. At this time, what goals do you want your children to achieve?
8. What is your plan for child care while you are working?
9. In what way do you see adoption or fostering satisfying your needs?
10. How do you plan on explaining the adoption or placement to the child?
11. What attitude or feelings do you anticipate the child having toward the absent birth parents in the future?
12. How could you help the child with these feelings?
13. What response on your part would be harmful?
14. How do you anticipate responding if the child decides to seek out the absent birth family members?
15. How do you want to parent your child that is similar to or different from the way you were raised?
16. Have you ever obtained professional counseling? If so, why?
17. Would you hesitate to seek counseling for yourself or your child for discipline or behavior problems that might occur?
18. Who will other significant people be in the child's life?

**MARRIAGE/SIGNIFICANT OTHER RELATIONSHIP**

- A. Tell what your marriage or significant other relationship means to you. Why do you like being married or single?
  - 1. What do you need to get out of marriage or significant other relationship?
  - 2. Have you found such fulfillment in your marriage/relationship?
  - 3. What do you contribute to your marriage/relationship?
  - 4. How would you like your marriage or relationship and life style to be?
  - 5. What are the respective roles of you and your spouse or significant other in your marriage/relationship?
  - 6. What are common interests?
  - 7. What are separate interests?
- B. Describe your spouse or significant other.
  - 1. Strengths
  - 2. Vulnerabilities
  - 3. Satisfaction in life. Is spouse/significant other happy with achievements or goals?
- C. How does your spouse or significant other relate to other people?
  - 1. How do you see your spouse or significant other as a parent?
  - 2. How do you see yourself as a parent?
- D. What do you like most about your spouse or significant other?
  - 1. What bothers you most about this person?
  - 2. In what ways would you change or have your spouse or significant other be different.
- E. If you were previously married, describe that marriage and the factors in its termination.
  - 1. How is your present marriage different?
  - 2. Why do you feel that your present marriage is more stable?
- F. If there is a marked age difference between you and your spouse or significant other, what does this mean to your marriage/relationship?
- G. If you have experienced infertility in your marriage, how have you been able to accept this fact? How do you think your spouse has accepted this fact? (applicable to adoption applicants only)
- H. What were the most memorable times during marriage or significant other relationship?
- I. Have you and your spouse ever been separated?

**Interpretation of the Family Eco-Map**

1. What resources are available to this family to support the adoption of a special needs child?
2. What resources are lacking that would need to be in place to support the adoption of a special needs child?
3. Has the family demonstrated strengths in dealing with larger external systems?
4. What is the nature of the boundaries around this family?



## APPENDIX X

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### CHILD BEHAVIOR CHALLENGES CHECKLIST

Please indicate by using an **X**, after thoughtful consideration, your level of acceptance of the following behavior challenges. This information is used to help us in selecting the child most suited to your family. There are no right or wrong answers. **Please mark each item. In addition, please put a check mark by each item you have experienced in dealing with children.**

	<u>Most Acceptable</u>	<u>Willing To Discuss</u>	<u>Least Acceptable</u>	<u>Not Acceptable</u>
<b><u>PHYSICAL BEHAVIORS</u></b>				
Temper tantrums	_____	_____	_____	_____
Aggression				
fighting	_____	_____	_____	_____
hitting/kicking	_____	_____	_____	_____
biting	_____	_____	_____	_____
Self-destructive or self abusive				
head banging	_____	_____	_____	_____
pulls hair	_____	_____	_____	_____
pinches self	_____	_____	_____	_____
Destructive				
to own things	_____	_____	_____	_____
to others' things	_____	_____	_____	_____
to animals	_____	_____	_____	_____
Stealing				
at home	_____	_____	_____	_____
at school	_____	_____	_____	_____
in neighborhood	_____	_____	_____	_____
Hyperactive				
mild	_____	_____	_____	_____
needs medication	_____	_____	_____	_____
Short attention span	_____	_____	_____	_____
Nervous - fidgeting	_____	_____	_____	_____

### **VERBAL BEHAVIORS**

	<u>Most Acceptable</u>	<u>Willing To Discuss</u>	<u>Least Acceptable</u>	<u>Not Acceptable</u>
Lying				
occasionally	_____	_____	_____	_____
frequently	_____	_____	_____	_____
Use of profane language	_____	_____	_____	_____
Talking back	_____	_____	_____	_____
Bossiness	_____	_____	_____	_____
Whining	_____	_____	_____	_____
occasionally	_____	_____	_____	_____
frequently	_____	_____	_____	_____

## APPENDIX X (cont'd)

	<u>Most Acceptable</u>	<u>Willing To Discuss</u>	<u>Least Acceptable</u>	<u>Not Acceptable</u>
<b><u>VERBAL BEHAVIORS (continued)</u></b>				
Crying				
occasionally	_____	_____	_____	_____
frequently	_____	_____	_____	_____
Argumentative (sassy)	_____	_____	_____	_____
Begging				
at home	_____	_____	_____	_____
at school	_____	_____	_____	_____
in neighborhood	_____	_____	_____	_____
<b><u>NON-VERBAL BEHAVIORS</u></b>				
Withdrawn	_____	_____	_____	_____
Fearful	_____	_____	_____	_____
Aloof (don't care attitude)	_____	_____	_____	_____
Needs own privacy	_____	_____	_____	_____
Forgetful	_____	_____	_____	_____
Self-confident	_____	_____	_____	_____
Independent	_____	_____	_____	_____
Ungrateful	_____	_____	_____	_____
Rejects love	_____	_____	_____	_____
Disobedient	_____	_____	_____	_____
Jealous	_____	_____	_____	_____
Selfish	_____	_____	_____	_____
Stubborn	_____	_____	_____	_____
Depressed	_____	_____	_____	_____
Moody	_____	_____	_____	_____
Poor self-image	_____	_____	_____	_____
Dependent/Clinging	_____	_____	_____	_____
Insecure	_____	_____	_____	_____
Manipulating				
to get own way	_____	_____	_____	_____
to divide parents	_____	_____	_____	_____
Explosive outbursts	_____	_____	_____	_____
Excessive shyness	_____	_____	_____	_____
<b><u>UNSOCIAL BEHAVIOR</u></b>				
Rude	_____	_____	_____	_____
Interrupts	_____	_____	_____	_____
Loud and noisy	_____	_____	_____	_____
Refuses to share	_____	_____	_____	_____
Picks nose	_____	_____	_____	_____

**APPENDIX X (cont'd)**

	<u>Most Acceptable</u>	<u>Willing To Discuss</u>	<u>Least Acceptable</u>	<u>Not Acceptable</u>
<b><u>EATING PROBLEMS</u></b>				
Picky eater	_____	_____	_____	_____
Poor eater	_____	_____	_____	_____
Food Hoarder	_____	_____	_____	_____
Eats between meals	_____	_____	_____	_____
Eats to point of gagging	_____	_____	_____	_____
<b><u>TABLE MANNERS</u></b>				
Messy( spills food)	_____	_____	_____	_____
Doesn't know how to use utensils	_____	_____	_____	_____
Has poor table manners	_____	_____	_____	_____
Selfish (grabs)	_____	_____	_____	_____
<b><u>SCHOOL ADJUSTMENT</u></b>				
Has poor relationship with other children	_____	_____	_____	_____
Disrespectful of teachers	_____	_____	_____	_____
Under-achiever	_____	_____	_____	_____
Daydreamer and doesn't listen	_____	_____	_____	_____
Fails to do homework	_____	_____	_____	_____
Disruptive in classroom	_____	_____	_____	_____
talks too much	_____	_____	_____	_____
unable to sit still	_____	_____	_____	_____
Aggressive to others	_____	_____	_____	_____
in classroom	_____	_____	_____	_____
on playground	_____	_____	_____	_____
Truant or ditches school	_____	_____	_____	_____
Gifted	_____	_____	_____	_____
<b><u>SEXUAL BEHAVIOR</u></b>				
Seductive	_____	_____	_____	_____
Exhibitionistic	_____	_____	_____	_____
Has had early sexual experimentation	_____	_____	_____	_____
same sex	_____	_____	_____	_____
opposite sex	_____	_____	_____	_____
Adolescent sexual involvement	_____	_____	_____	_____
same sex	_____	_____	_____	_____
opposite sex	_____	_____	_____	_____
Engages in masturbation	_____	_____	_____	_____
privately	_____	_____	_____	_____
in front of others	_____	_____	_____	_____
Effeminate boy	_____	_____	_____	_____
Tomboy girl	_____	_____	_____	_____
Victim of sexual abuse	_____	_____	_____	_____

**APPENDIX X (cont'd)**

	<u>Most Acceptable</u>	<u>Willing To Discuss</u>	<u>Least Acceptable</u>	<u>Not Acceptable</u>
<b><u>MISCELLANEOUS</u></b>				
Thumb-sucking	_____	_____	_____	_____
Sleepwalking	_____	_____	_____	_____
Bedwetting	_____	_____	_____	_____
occasionally	_____	_____	_____	_____
nightly	_____	_____	_____	_____
Stool smearing	_____	_____	_____	_____
Pants soiling	_____	_____	_____	_____
occasionally	_____	_____	_____	_____
frequently	_____	_____	_____	_____
Has poor personal hygiene	_____	_____	_____	_____
Runs away	_____	_____	_____	_____
occasionally	_____	_____	_____	_____
frequently	_____	_____	_____	_____
Plays with matches	_____	_____	_____	_____
from curiosity	_____	_____	_____	_____
destructive	_____	_____	_____	_____
Has difficulty accepting limits	_____	_____	_____	_____
Smokes cigarettes	_____	_____	_____	_____
pre-teen	_____	_____	_____	_____
teen-ager	_____	_____	_____	_____
Smokes marijuana	_____	_____	_____	_____
pre-teen	_____	_____	_____	_____
teenager	_____	_____	_____	_____
Has been exposed to excessive violence	_____	_____	_____	_____
<b><u>ADOPTIVE PARENT'S WILLINGNESS TO WORK WITH CHILD'S:</u></b>				
<b><u>BEHAVIOR PROBLEMS</u></b>				
Have frequent contact with teacher or school	_____	_____	_____	_____
Take child for therapy or continue counseling	_____	_____	_____	_____
Accept adoption worker's counseling and supervision	_____	_____	_____	_____
Continue with medication as long a physician indicates the need	_____	_____	_____	_____
Participate in therapy as required by therapist	_____	_____	_____	_____
<b><u>PARENTAL BACKGROUND</u></b>				
One parent who is a schizophrenic	_____	_____	_____	_____
Two parents who are schizophrenic	_____	_____	_____	_____
One parent who is mentally retarded	_____	_____	_____	_____

**APPENDIX X (cont'd)**

	<u>Most Acceptable</u>	<u>Willing To Discuss</u>	<u>Least Acceptable</u>	<u>Not Acceptable</u>
<b><u>PARENTAL BACKGROUND (continued)</u></b>				
Two parents who are mentally retarded	_____	_____	_____	_____
One parent who is an alcoholic	_____	_____	_____	_____
Two parents who are alcoholics	_____	_____	_____	_____
One parent who abuses drugs	_____	_____	_____	_____
Two parents who abuses drugs	_____	_____	_____	_____
One parent who is/was in a mental institution	_____	_____	_____	_____
Two parents who are/were in a mental institution	_____	_____	_____	_____
One parent who is/was in prison	_____	_____	_____	_____
Two parents who are/were in prison	_____	_____	_____	_____
<b><u>SPEECH CHALLENGES</u></b>				
Stutters	_____	_____	_____	_____
Talks with a lisp	_____	_____	_____	_____
Difficult to understand	_____	_____	_____	_____
Required speech therapy	_____	_____	_____	_____
Will always have trouble speaking and being understood	_____	_____	_____	_____
<b><u>VISION CHALLENGES</u></b>				
Sight is limited, glasses required	_____	_____	_____	_____
Sight in one eye only	_____	_____	_____	_____
Sight is limited, surgery may help or correct	_____	_____	_____	_____
Child is permanently blind	_____	_____	_____	_____

## APPENDIX X (cont'd)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### CHILD HEALTH CHALLENGES

Please indicate, after thoughtful consideration, your level of acceptance of the following health problems. This information is used to help us in selecting the child most suited to your family. There are no right or wrong answers. **Please mark each item. In addition, please put a check mark by each item you have experienced in your dealing with children. Put a question mark by any health problem you have questions about or do not understand.**

	<u>Most Acceptable</u>	<u>Willing To Discuss</u>	<u>Least Acceptable</u>	<u>Not Acceptable</u>
<b><u>ALLERGIES</u></b>				
Milk or other foods	_____	_____	_____	_____
Penicillin or other medication	_____	_____	_____	_____
Plants or flowers	_____	_____	_____	_____
Dust	_____	_____	_____	_____
Animals	_____	_____	_____	_____
<b><u>AT BIRTH</u></b>				
Fetal alcoholism	_____	_____	_____	_____
Drug addiction	_____	_____	_____	_____
<b><u>BIRTH MARKS OR SCARS</u></b>				
Visible	_____	_____	_____	_____
<b><u>BLOOD DISORDER</u></b>				
Requires transfusions	_____	_____	_____	_____
Requires hospitalization	_____	_____	_____	_____
Hemophilia (bleeder)	_____	_____	_____	_____
<b><u>BREATHING DISORDERS</u></b>				
Asthma	_____	_____	_____	_____
Sinus problems	_____	_____	_____	_____
Hay fever	_____	_____	_____	_____

**APPENDIX X (cont'd)**

	<u>Most Acceptable</u>	<u>Willing To Discuss</u>	<u>Least Acceptable</u>	<u>Not Acceptable</u>
<b><u>DEVELOPMENTAL DISABILITIES/CHALLENGES</u></b>				
Slow to reach developmental milestones, degree of retardation not determined	_____	_____	_____	_____
Slower learner, needs special attention at home	_____	_____	_____	_____
Has learning disability; e.g., dyslexia	_____	_____	_____	_____
Requires special education classes	_____	_____	_____	_____
Is in EMR class (Educable Mentally Retarded)	_____	_____	_____	_____
Is in TMR class (Trainable Mentally Retarded)	_____	_____	_____	_____
Has Downs Syndrome (Mongoloid)	_____	_____	_____	_____
Will require supervision such as shelter workshop and group living as an adult	_____	_____	_____	_____
<b><u>DIABETES</u></b>				
Controlled by daily medication	_____	_____	_____	_____
Controlled by dietary limitations	_____	_____	_____	_____
Not currently controlled	_____	_____	_____	_____
<b><u>FACIAL DISORDERS</u></b>				
Hare lip	_____	_____	_____	_____
Cleft palate, correctable by surgery	_____	_____	_____	_____
Facial scars	_____	_____	_____	_____
Facial deformity	_____	_____	_____	_____
<b><u>HEARING DISORDERS</u></b>				
Partial hearing, surgery will help	_____	_____	_____	_____
Hearing in one ear only	_____	_____	_____	_____
Partial hearing with hearing aid	_____	_____	_____	_____
Child is permanently deaf, but speaks	_____	_____	_____	_____
Child is permanently deaf, but does not speak	_____	_____	_____	_____
<b><u>HEART PROBLEMS</u></b>				
Heart murmur, activity not curtailed	_____	_____	_____	_____
Heart murmur, vigorous activity curtailed	_____	_____	_____	_____
May require surgery later	_____	_____	_____	_____
Will require open heart surgery later	_____	_____	_____	_____

**APPENDIX X (cont'd)**

	<u>Most Acceptable</u>	<u>Willing To Discuss</u>	<u>Least Acceptable</u>	<u>Not Acceptable</u>
<b><u>HERNIA OR GENITAL PROBLEMS</u></b>				
Umbilical hernia	_____	_____	_____	_____
Intestinal hernia	_____	_____	_____	_____
Undescended testicle	_____	_____	_____	_____
Uncircumcized	_____	_____	_____	_____
Hydrocele (fluid in scrotum)	_____	_____	_____	_____
Hypospadias	_____	_____	_____	_____
<b><u>ILLNESSES OR DISEASES</u></b>				
Failure to thrive	_____	_____	_____	_____
Cerebral palsy	_____	_____	_____	_____
Muscular dystrophy	_____	_____	_____	_____
Cystic Fibrosis	_____	_____	_____	_____
Hydrocephalic (fluid on brain)	_____	_____	_____	_____
Hydrocephalic with shunt	_____	_____	_____	_____
Huntington's chorea (inherited)	_____	_____	_____	_____
Limited life span - may require hospitalization	_____	_____	_____	_____
Confined to wheelchair	_____	_____	_____	_____
Other diseases or health problems you would not consider	_____	_____	_____	_____
<b><u>MENTAL OR EMOTIONAL ILLNESSES</u></b>				
Emotional problems, therapy will help	_____	_____	_____	_____
Requires intensive, long term therapy	_____	_____	_____	_____
Child is autistic	_____	_____	_____	_____
Child is in institution for emotional problems	_____	_____	_____	_____
<b><u>PHYSICAL DISABILITIES</u></b>				
Has a slight limp	_____	_____	_____	_____
Needs temporary braces or special shoes	_____	_____	_____	_____
Needs permanent braces or a prosthesis	_____	_____	_____	_____
Leg(s) deformed	_____	_____	_____	_____
Is paraplegic (cannot use legs)	_____	_____	_____	_____
Is quadriplegic (cannot use arms or legs)	_____	_____	_____	_____
<b><u>SEIZURE DISORDERS</u></b>				
Controlled by medication	_____	_____	_____	_____
Not controlled but child has seizures infrequently	_____	_____	_____	_____



**APPENDIX X (cont'd)**

	Most <u>Acceptable</u>	Willing <u>To Discuss</u>	Least <u>Acceptable</u>	Not <u>Acceptable</u>
<b><u>SEIZURE DISORDERS (continued)</u></b>				
Not controlled and child has seizures frequently	_____	_____	_____	_____
<b><u>SICKLE CELL</u></b>				
Is a carrier	_____	_____	_____	_____
Has anemia, controlled	_____	_____	_____	_____
Has anemia with frequent episodes	_____	_____	_____	_____

### **Outline For Foster Family Preparation Summary**

The cover page will include the applicant's identifying information, the dates of contact, and the names of the persons preparing the summary. See sample cover page, Appendix QQ in Section 7 of this manual.

#### **I. Overview of the Family's Preparation**

- . How did the family learn about adoption or fostering?
- . What is the reason for adoption or fostering?
- . How many children are they interested in adopting or fostering?
- . What characteristics, such as age, race, sex, or handicap is the family expecting in a child?
- . What pre-service training did the family receive?

#### **II. Current Family Structure/Family Network Diagram**

Describe the current family structure:

- . Who currently resides in the household?
- . Who helps out with the children?
- . Who visits regularly?
- . Who stays over?
- . Who do they go to for advice?
- . For single persons, is there a special person in the single person's life?
- . What relationship do the prospective parents have with their parents?
- . Who raised the prospective parents?
- . Have they experienced any recent losses (death, moves, divorces, fights, estrangements, etc.) within the extended family, non-blood kin, or friendship network?

#### **III. Family History/The Genogram**

- . Present a brief biographical sketch of each parent, including date of birth, race, where born, who raised each, and present occupation.
- ..Marital history of each parent, where they met, how long married
- ..How each partner describes the strengths of their relationship
- ..The challenges of their relationship
- . How do members of the adoptive or foster family see their family's history and life experience leading to their current decision to adopt or foster a child with special needs?
- . What is the extended family's history and experience with adoption or fostering?

#### **IV. Parenting Style and Strengths**

- . How were the parents parented as children?
- . What experience has this family had with parenting?
- . What discipline methods were used with them, and what discipline methods have they used?

If children are presently in the household:

- . How do the parents describe each child, including the child's adjustment and needs?
- . How comfortable is the family with the agency's policy on discipline?

## APPENDIX Y (cont'd)

- . What are the parents' expectations of each child?
- . Are there particular stresses and strains with each child, and how are they handled?
- . Are children included in decision-making?
- . How does the family deal with or control anger, rage, possessiveness, or withdrawal in parent and child interactions?
- . How are anger, affection, joy, sadness, and other feelings expressed?
- . What are the family's expectations of adoption or fostering the adoptive/foster child(ren); of siblings; and of themselves as adoptive or foster parents?

### V. Social Support-Resources/The Eco-Map

- . What supportive resources does the family currently have?
- . What are the issues that will affect the family's eco-map after the adoption or foster placement of a child, such as resources needing to be developed or changes in relationships with larger systems?
- . Is the family ready to seek appropriate help and support from the agency?
- . Is the family ready to inform the family case manager of critical problems and concerns?

### VI. Home Environment/Community

- . Describe the home, neighborhood, and community.
- . Is the home adapted to the needs of any child, or a child with physical limitations?

### VII. Financial Profile

For an adoption summary, attach the financial profile to the summary. For a foster family summary, the financial profile can be attached or the information can be included in the narrative in a financial subsection.

### VIII. Parental Understanding of Child's History

- . Visualize a specific child in the family's network and genogram.
- . Discuss the family's preparedness to deal with the child's previous history.
- . Consider physical abuse, sexual abuse, and neglect.
- . Address attitudes toward openness in adoption.
- . Address helping a child to adjust emotionally to the stress of separation and placement.
- . Discuss the family's ability to help a child maintain cultural and ethnic identity.
- . Address the family's readiness to maintain contact with the child's birth parents. (For foster parents only)

### IX. Child Specific Assessment

- . What are the risks and strengths in this proposed placement?
- . What child-specific preparation occurred?
- . What training needs have been identified?
- . What are the factors that indicate success for this family with this child?
- . Can the family realistically project how their decision to adopt or foster this specific child will impact the family one year, three years, five years, ten years from now? Is the family open to seeking help in these areas?
- . Are there specific risk factors?
- . What risk management techniques have been put into place to minimize these risks?

## **APPENDIX Y (cont'd)**

### **X. Verifications**

Complete the Requirements Checklist for foster care. For adoption summaries, address the information received from the following as required by the state adoption code and/or agency policies:

- . References
- . Medical report
- . Limited criminal history information

### **XI. Family's Understanding of Agency Role**

- . Does the family understand their rights and responsibilities as foster parents?
- . Does the family understand the agency's role?
- . What is the family's expectation of supportive services?

### **XII. General and Summary Assessment**

- . What are your impressions of this family?
  - . What are the family's strengths and risks?
  - . How were they addressed?
  - . What plans has the family developed to minimize risks?
  - . What are the family's potential areas of vulnerability?
  - . What are the necessary supports and supervision?
  - . Comments and signatures of adoptive or foster parent(s)
  - . Comments and recommendation of agency
- (See sample Recommendation and Signatures page at the end of this appendix.)

Note: This outline was adapted from the Spaulding for Children Adoption Family Summary Components Outline.

ADOPTION/FOSTER FAMILY HOME PREPARATION SUMMARY

Cover Page For: \_\_\_\_\_

Applicant A

Name: \_\_\_\_\_ Foster Home #: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Race: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

Applicant B Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

Children	Race	Relationship	DOB

Dates of Contact:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Prepared by: (Family Case Manager): \_\_\_\_\_  
 (Date): \_\_\_\_\_  
 (Supervisor): \_\_\_\_\_  
 (Date): \_\_\_\_\_

## APPENDIX Y (cont'd)

Page 2 of the Family Preparation Summary (For foster parent applicants only)

### REQUIREMENTS CHECKLIST

\* Indicate the following requirements have been met by placing an "x" on either the "Yes" or "No" line. Be sure the corresponding form is in the case file if "Yes" is checked and that all issues listed have been addressed with the applicant(s). Comment if necessary.

	APPLICANT A		APPLICANT B		Comments
	Yes	No	Yes	No	
Application	___	___	___	___	(Date) _____
References	___	___	___	___	(Date) _____
Medical forms	___	___	___	___	(Date) _____
Attestation Statement	___	___	___	___	(Date) _____
Foster Parent Agreement	___	___	___	___	(Date) _____
Physical Inventory	___	___	___	___	(Date) _____
Pre-Service Training Completed	___	___	___	___	(Date) _____
Paving the Way Review	___	___	___	___	(Date) _____
Criminal Check	___	___	___	___	(Date) _____
CPS Check	___	___	___	___	(Date) _____
Eco-Map	___	___	___	___	(Date) _____
Foster Family Inventory	___	___	___	___	(Date) _____
Water Analysis	___	___	___	___	(Date) _____
Regulations	___	___	___	___	(Date) _____
Foster Family Handbook	___	___	___	___	(Date) _____
Training Evaluation	___	___	___	___	(Date) _____
Child Care Plan	___	___	___	___	(Date) _____
Birth Certificate	___	___	___	___	(Date) _____
Marriage License	___	___	___	___	(Date) _____
Divorce Decree	___	___	___	___	(Date) _____
Policies Explained:					
Discipline	___	___	___	___	(Date) _____
Visitation	___	___	___	___	(Date) _____
Foster Parent:					
Role/Rights	___	___	___	___	(Date) _____
Matching	___	___	___	___	(Date) _____
Case Plan(s)	___	___	___	___	(Date) _____
MedicalPassport	___	___	___	___	(Date) _____

Recommendation/Signatures Page For:  
Adoption/Foster Family Preparation Summary

**RECOMMENDATION AND SIGNATURES**

**COMMENTS BY THE FOSTER PARENT APPLICANT(S)**

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SIGNATURE: \_\_\_\_\_

DATE : \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE : \_\_\_\_\_

**PLACEMENT/LICENSING RECOMMENDATION AND ADDITIONAL COMMENTS**

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Case Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

**Sample Voluntary Withdrawal or Relinquishment**

DATE: \_\_\_\_\_

TO: The \_\_\_\_\_ County Office of Family and Children

FROM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Please be advised that at this time, I would like to voluntarily relinquish/withdraw my application for a Foster Family Home License. The reason is:

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Sincerely,

\_\_\_\_\_  
(Licensee)



**STATUS REPORT FOR INITIATING LICENSE**

This notice is in regard to your proposed operation of a \_\_\_\_\_ within the State of Indiana. The items checked below show the current status of your file at the Division of Family and Children/\_\_\_\_\_ County Office of Family and Children. A license to operate the \_\_\_\_\_ cannot be issued until these items are completed and submitted to the DFC/COFC.

1. \_\_\_\_\_ Submit an "Application for License" to the Division of Family and Children/County Office of Family and Children.
2. \_\_\_\_\_ Submit an "Applicant's Statement of Attestation" to the Division of Family and Children/County Office of Family and Children for the applicant(s) and each employee.
3. \_\_\_\_\_ Submit a "Request For Limited Criminal History" to the Division of Family and Children/County Office of Family and Children for the applicant(s), each employee, and all household members eighteen (18) years of age and older.
4. \_\_\_\_\_ The "Application for License" which you submitted is not complete.
5. \_\_\_\_\_ The Division of Family and Children/County Office of Family and Children must inspect and approve the foster family home.
6. \_\_\_\_\_ Submit results of water tests.
7. \_\_\_\_\_ ADDITIONAL COMMENTS AND INFORMATION:

If you have questions about this notice or need assistance, you may contact the licensing consultant, at \_\_\_\_\_ or the Licensing Unit of the Division of Family and Children; MS 08 Bureau of Family Protection and Preservation, 402 W. Washington St., Room W364; Indianapolis, Indiana 46204 -2739.

**SAMPLE DENIAL LETTER**

(Date)\_\_\_\_\_

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Dear:

Please be advised that this Division is denying your application for a foster family home license upon the recommendation of the County Division of Family and Children.

This denial is based upon non-compliance with 470 IAC 3-1-3 and the following circumstance:

470 IAC 3-1-3 (a) Foster parents shall be mature individuals who are capable of exercising and do exercise good judgment in the handling of a child.

According to County Division of Family and Children, you used poor judgment when handling children. By telling your granddaughters that they did not need counseling and making negative statements to both of the girls regarding prescribed medication, you have exhibited immature behavior. These incidents show that you are not sensitive to the needs of your granddaughters that you wish to foster.

Pleasant Run conducted a parenting assessment pertaining to you on \_\_\_\_\_. They addressed some areas of concern based on your responses to crisis situations. Some of your responses were not appropriate.

As a result, County Division of Family and Children has recommended that your foster family home license application be denied and the Division of Family and Children, Residential Licensing Unit supports this recommendation.

Please be advised that a person may not operate a foster family home without a license issued by this Division. (IC 12-17.4)

**APPENDIX CC (cont'd)**

A person who knowingly or intentionally violates this Chapter commits a Class B misdemeanor. (IC 12-17.4)

In addition, the Attorney General or the County Division of Family and Children Attorney may seek one or more of the following remedies.

- (1) The issuance of a search warrant from the circuit or superior court in order to assist the department in its investigation.
- (2) An injunction in the circuit or superior court.
- (3) In a civil action a monetary penalty not to exceed one hundred dollars (\$100) a day for each foster family home operated without a license. (IC 12-17.4)

If you object to this action being taken, you are entitled to request an administrative appeal with this office within thirty (30) days after receipt of this letter, pursuant to Administrative Appeals, (IC 4-21.5-3). To schedule a hearing, please submit your written request to the address on the letterhead.

Should you choose not to appeal, but choose to operate a foster family home without a currently valid license from this Division, the appropriate legal steps will be recommended to your county prosecutor as well as the office of the Indiana Attorney General.

Sincerely,

Eric J. Vermeulen, Deputy Director  
Division of Family and Children

EV/jmj

cc: \_\_\_\_\_ County Division of Family and Children  
File

**SAMPLE FOSTER FAMILY HOME  
RELICENSING COVER LETTER**

Dear \_\_\_\_\_:

Thank you for your service as foster parents in the last year. You have provided a needed service in our community by caring for our special children.

It is now time to begin the relicensing process. Enclosed are the forms necessary for you to complete before relicensing may begin. Complete only those items checked.

\_\_\_\_ Application for relicensure. Please complete and return by \_\_\_\_\_.

\_\_\_\_ Applicant's Statement of Attestation

\_\_\_\_ Request for Limited Criminal History Information

\_\_\_\_ Medical forms. If these are enclosed, your family records must be updated this year.

\_\_\_\_ Instructions for obtaining a water analysis, if applicable.

\_\_\_\_ Child care plan, if applicable.

When the application is received in our office, a home visit will be scheduled. During the home visit, the worker will review with you the forms you have returned as well as reviewing:

- (1) placements you have had;
- (2) record keeping (please have children's records available);
- (3) physical environment check list;
- (4) training records/continued education;
- (5) regulations and policies (Please have your handbook available.); and
- (6) any concerns you have.

It is important that all household members be present during the home visit.

Sincerely,

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Foster Care Specialist

**APPENDIX DD (cont'd)**

**APPLICATION FOR RENEWAL OF FOSTER FAMILY HOME LICENSE**

1. Name (Applicant A): \_\_\_\_\_  
First Middle Last

(Applicant B): \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Number Street City Zip

2. Home telephone: \_\_\_\_\_ Other phone: \_\_\_\_\_

3. Directions to your home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Composition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name	Relationship	DOB	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the family composition changed since your last license? \_\_\_\_\_

How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPENDIX DD (cont'd)**

5. Employment:

Applicant A \_\_\_\_\_ Income \_\_\_\_\_

Applicant B \_\_\_\_\_ Income \_\_\_\_\_

Total Monthly Expenses: \_\_\_\_\_

Total Monthly Income (excluding foster care): \_\_\_\_\_

Have there been any changes in your employment or income since your last license? \_\_\_\_\_

If so, explain: \_\_\_\_\_

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6. Indicate any new information regarding education, health, marital status, or changes in the structure of your home. \_\_\_\_\_

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7. What training have you attended this year?

Applicant A: \_\_\_\_\_

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Applicant B: \_\_\_\_\_

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8. Names of foster children placed in your home since your last license:

<u>Name</u>	<u>DOB</u>	<u>Date placed</u>	<u>Date moved</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Indicate the number and type of child(ren) for whom you are applying:

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**APPENDIX DD (cont'd)**

10. What supportive services would assist you in continuing to care for foster children?

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Signature (Applicant A)

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Signature (Applicant B)

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Date

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Date

**STATUS REPORT ON APPLICATION FOR RELICENSURE**

Your foster family home license will expire on: \_\_\_\_\_.

The items checked below show the current status on your application for re-licensure.

**THE FOLLOWING ACTIONS ARE REQUIRED BEFORE YOUR LICENSE CAN BE RENEWED:**

1. \_\_\_\_\_ Submission of an "Application for License" to the Division of Family and Children/  
\_\_\_\_\_ County Office of Family and Children.
2. \_\_\_\_\_ Submission of an "Applicant's Statement of Attestation" to the Division of Family and Children for the applicant and each employee.
3. \_\_\_\_\_ Submission of a "Request for Limited Criminal History Information" form to the Division of Family and Children for the applicant and each household member eighteen (18) years of age or older.
4. \_\_\_\_\_ Submission of water analysis, if applicable.
5. \_\_\_\_\_ See additional comments and information.

**THE FOLLOWING APPROVALS ARE REQUIRED BEFORE YOUR LICENSE CAN BE RENEWED:**

1. \_\_\_\_\_ Approval by the Division of Family and Children, Residential Licensing Unit.
2. \_\_\_\_\_ Approval by the Indiana State Department of Health, if required.

\_\_\_\_\_ **REPORTS ATTACHED:**

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\_\_\_\_\_ **ADDITIONAL COMMENTS AND INFORMATION:**

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If the items checked above are not completed by \_\_\_\_\_, we will initiate action for denial of your application for licensure.

If you have questions about this notice or need assistance, you may contact the licensing consultant or FCM/ foster care licensing staff at \_\_\_\_\_ or the Licensing Unit of the Division of Family and Children, MS-08 Bureau of Family Protection and Preservation, 402 W. Washington Street, Room W364, Indianapolis, Indiana 46204-2739.



## FOSTER FAMILY HOME ANNUAL REPORT

County \_\_\_\_\_

FH# \_\_\_\_\_

Applicant A Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_

Applicant B Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Other) \_\_\_\_\_

<u>Children</u>	<u>Race</u>	<u>Relationship</u>	<u>DOB</u>
-----------------	-------------	---------------------	------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Foster Children:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Former Foster Children (since last license):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Licensing Period: \_\_\_\_\_ to \_\_\_\_\_

## APPENDIX FF (cont'd)

Requirement Checklist:      Indicate if the following requirements have been met by placing an "X" on either the yes or no line. Be sure that all corresponding forms are in the case file and issues addressed. Comment, if necessary.

	Applicant A		Applicant B		Comments
	Yes	No	Yes	No	
Application	_____	_____	_____	_____	_____
Medicals	_____	_____	_____	_____	_____
Physical environment	_____	_____	_____	_____	_____
Checklist	_____	_____	_____	_____	_____
Training	_____	_____	_____	_____	_____
Child care plan	_____	_____	_____	_____	_____
CHA	_____	_____	_____	_____	_____
Staff inquiries	_____	_____	_____	_____	_____
Water Analysis	_____	_____	_____	_____	_____
(if applicable)					
Case Plan	_____	_____	_____	_____	_____

1. Changes:      Indicate any changes in foster family situation since the last license.

	<u>Yes</u>	<u>No</u>	<u>Explanation</u>
Employment:	_____	_____	_____
Health:	_____	_____	_____
Financial Status:	_____	_____	_____
Living arrangements:	_____	_____	_____
Family composition:	_____	_____	_____

2. Has (the) foster parent(s) demonstrated an understanding of the foster parent (their) role in relationship to the agency?

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3. Has (the) foster parent(s) demonstrated an understanding of the foster parent role in relationship to the child?

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4. Has (the) foster parent(s) demonstrated an understanding of the foster parent role in relationship to the birth parents?

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**APPENDIX FF (cont'd)**

5. Has the foster parent(s) demonstrated an understanding of the use of appropriate discipline?

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6. Type of child requested by foster family:

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7. Summarize the foster family strengths:

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8. Summarize areas requiring support services:

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9. Foster parent comments:

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10. Recommendations:

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Prepared by:

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FCM/foster care licensing staff

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Date

---

Supervisor

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Date

## FOSTER FAMILY HOME STAFF INQUIRY

To: \_\_\_\_\_ Date: \_\_\_\_\_

## Placement Worker

Attention: \_\_\_\_\_

Supervisor

From: \_\_\_\_\_ Re: \_\_\_\_\_

FCM/Licensing Staff

Re: \_\_\_\_\_

Foster Parent

In order to assist our foster families in providing services to children, feedback is required regarding placements. Please complete this form and return to the FCM/licensing staff any time you move a child from a foster family home.

1. List the names and birthdates of children you have supervised in this home and reasons for removal if applicable.

NAME

BIRTHDATE

REASON FOR REMOVAL

A. \_\_\_\_\_

C. \_\_\_\_\_

---

D.

2. How would you rate the physical standards, including housekeeping, diet, personal hygiene, and health care?

\_\_\_\_\_Above Satisfactory \_\_\_\_\_Satisfactory \_\_\_\_\_Below Satisfactory EXPLAIN BELOW

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3. How would you rate the emotional care provided? How would you rate the effort at building and maintaining self-concept and essential connections?

\_\_\_\_\_Above Satisfactory      \_\_\_\_\_Satisfactory      \_\_\_\_\_Below Satisfactory - EXPLAIN BELOW

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4. Do you know how they discipline the children? Have you any concerns regarding discipline or child rearing practices? Are you aware of any abuse reports or criticism from the children, their birth family, schools, or others in the community?

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**APPENDIX GG (cont'd)**

5. Have these foster parents been able to work cooperatively with you and the child's family; and, if not, in what areas has there been difficulty? Have they initiated contact with you appropriately? Do they know how to reach you at all times for emergency services?

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6. From your personal experience, do you feel this family:

\_\_\_\_\_ is overpopulated?

\_\_\_\_\_ would be more appropriate for a different sex or age child? Please explain.

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\_\_\_\_\_ has shown capacity to handle certain types of children and problems? Specify:

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7. What is the case plan for each of your children? Have you discussed it with the foster parent(s) and shared a copy of the case plan? Do they concur, and are they cooperating? Have they been invited to case reviews and court hearings for the child(ren)?

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8. Approximately how many home visits have you been able to make within the past year? What was the frequency?

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9. Have you any other comments regarding strengths and weaknesses observed, or any suggestions regarding the future development and use of this home? Include, if indicated, need for additional training, support resources, referrals, etc.

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**APPENDIX GG (cont'd)**

On behalf of our children, thank you for your cooperation.

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Signature of FCM/Licensing Staff

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Signature of Supervisor

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Date Completed

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Date Completed

**SAMPLE REVOCATION LETTER**

(Date) \_\_\_\_\_

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Dear \_\_\_\_\_:

Please be advised that this Division is revoking your Foster Family Home license upon the recommendation of \_\_\_\_\_ County Division of Family and Children.

This revocation is based upon non-compliance with Indiana Licensing Law IC 12-17.4, and the following circumstances:

“IC 12-17.4-4-31 The following constitutes sufficient grounds for revocation of a license:

- (1) A determination by the division of child abuse or neglect (as defined in IC 31-6-11-2.1) by the licensee.”

According to the \_\_\_\_\_ County Division of Family and Children there are several substantiated referrals of child abuse involving your family. In referrals dated \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ you were named as the perpetrator for failure to protect your son from sexual abuse. As a result your son was removed from your home.

Due to these findings, \_\_\_\_\_ County Division of Family and Children has recommended the revocation of your foster family home license and the Division of Family and Children, Residential Licensing Unit in is agreement with the revocation.

“You are advised that a person may not operate a foster family home without a license issued by this Division. (IC 12-17.4)”

A person who knowingly or intentionally violates this Chapter commits a Class B misdemeanor. (C 12-17.4)

In addition, the Attorney General or the County Office of Family and Children Attorney may seek one or more of the following remedies:

“(1) The issuance of a search warrant from the circuit or superior court in order to assist the division in its investigation.

- (2) An injunction in the circuit or superior court.

**APPENDIX HH (cont'd)**

- (3) In a civil action a monetary penalty not to exceed one hundred dollars (\$100) a day for each foster family home operated without a license. (IC 12-17.4)”

If you object to this action being taken, you are entitled to request an administrative appeal with this office within 30 days after receipt of this letter, pursuant to Administrative Appeals, (IC 4-21..5.3). To schedule a hearing, please submit your written request to the address on the letterhead.

Should you choose not to appeal, but continue to operate your foster family home without a currently valid license from this Division, the appropriate legal steps will be recommended to your county prosecutor as well as the office of the Indiana Attorney General.

Sincerely,

Eric J. Vermeulen, Deputy Director  
Division of Family and Children

EV/jmj

cc: \_\_\_\_\_ County Division of Family and Children  
File



**SAMPLE INITIAL LETTER TO UNLICENSED SERVICE PROVIDER**

Dear \_\_\_\_\_:

On \_\_\_\_\_, a FCM/foster care licensing staff from our Division visited

\_\_\_\_\_ and found that you are operating a foster family  
(address)  
home at that location. Please be advised that a license from the Indiana Division of Family and Children is required in order to operate a foster family home legally within the State of Indiana.

The following sections of the Indiana Code are quoted for your reference:

IC 12-17.4-4-1 states that:

- “(a) A person may not operate a foster family home without a license issued under this article
- (b) The state or a political subdivision of the state may not operate a foster family home without a license issued under this article.”

“Foster family home” means a place where an individual resides and provides care and supervision on a twenty-four (24) hour basis to a child who:

- “(1) Is not the child, step-child, grandchild, niece, nephew, or sibling of the individual providing care and supervision;
- (2) Is separated from the child’s parent, stepparent, guardian, custodian, or other relative; and
- (3) Is receiving care and supervision under an order of a juvenile court or for the purpose of placement.

The Division shall investigate a report of an unlicensed foster family home and report the division’s findings to the attorney general and to the County Office of Family and Children and the prosecuting attorney in the county where the foster family home is located. The attorney general or the County Office of Family and Children attorney may seek one (1) or more of the following remedies:

- (1) the issuance of a search warrant from the circuit or superior court in order to assist the Division in its investigation.
- (2) an injunction in the circuit or superior court.

Page 2

- (3) in a civil action brought in the circuit or supervisor court, a monetary penalty not to exceed one hundred dollars (\$100) a day for each day the foster family home operates without a license. (IC 12-17.4-4-33).”

If you object to this action being taken, you are entitled to request an administrative appeal with this office within thirty (30) days after receipt of this letter, pursuant to Administrative Appeals, 470 IAC 1-4.

You should be further advised that should you continue to operate your foster family home without a currently valid license from this Division, the appropriate legal steps will be recommended to your county prosecutor as well as the office of the Indiana Attorney General.

Sincerely,

Eric J. Vermeulen, Deputy Director  
Division of Family and Children

EV/jmj

cc: COFC

Cite each regulation or statute in non-compliance, and define and list all allegation(s) in support of each non-compliance.

**SAMPLE CEASE AND DESIST LETTER**

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Dear \_\_\_\_\_:

This is official notification that your foster family home, located at \_\_\_\_\_, must complete the requirements for licensing by the Division of Family and Children in order to legally operate within this state.

IC 12-17.4-4-1 is quoted for your reference:

- “(c) A person may not operate a foster family home without a license issued under this article
- (d) The state or a political subdivision of the state may not operate a foster family home without a license issued under this article.”

IC 12-17.4-4-33 states:

“Sec. 33 (a) The division shall investigate a report of an unlicensed foster family home and report the division’s findings to the attorney general and to the county department of public welfare attorney and the prosecuting attorney in the county where the foster family home is located.

(b) The attorney general or the county department of public welfare attorney may do the following:

- (1) Seek the issuance of a search warrant to assist in the investigation.
- (2) File an action for injunctive relief.
- (3) Seek in a civil action a civil penalty not to exceed one hundred dollars (\$100) a day for each day a foster family home is operating without a license required under this article.”

While you do have a foster family home license, with a capacity of \_\_\_\_\_ children, that license does not give you the authority to accept children on your own, charge a per diem, or do case management and treatment.

Sincerely,

Eric J. Vermeulen, Deputy Director  
Division of Family and Children

**SAMPLE NOTIFICATION TO VISIT UNLICENSED HOME**

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

(Date) \_\_\_\_\_

RE:

Dear \_\_\_\_\_:

In response to your letter of \_\_\_\_\_, a (revocation/cease and desist) letter was sent to this foster family home. The foster family received this certified letter on \_\_\_\_\_. They were given 15 days to cease operating. That time expired on \_\_\_\_\_. We are asking you to verify that the facility is either closed or is still operating and to advise us by letter of the status within two (2) weeks.

Thank you for your continuing cooperation.

Sincerely,

Eric J. Vermeulen, Deputy Director  
Division of Family and Children

## SAMPLE FINAL NOTICE TO UNLICENSED SERVICE PROVIDER

### NOTICE TO CEASE OPERATION

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

You are hereby notified that unless you cease operating your foster family home within 30 days from receipt of this notice or immediately due to the threat of imminent danger to children, this Division will request the Attorney General to seek an injunction against you to prevent you from continuing to operate without (a license/registering) and for all other relief deemed appropriate. This Division will also refer this matter to the prosecuting attorney of the county in which you operate your foster family home.

The Division's statutory authority for taking these actions is listed below:

1. IC 12-17.4-4-1 (as added by P.L. 1-1993, SEC.142 Amended by P.L.61-1993, SEC.29.):

- “(e) A person may not operate a foster family home without a license issued under this article
- (f) The state or a political subdivision of the state may not operate a foster family home without a license issued under this article.”

2. IC 12-17.4-4-33 (as added by P.L.1-1993, SEC.142. Amended by P.L.61-1993, SEC.47.):

- “(a) The division shall investigate a report of an unlicensed foster family home and report the division's findings to the attorney general and to the county department of public welfare attorney and the prosecuting attorney in the county where the foster family home is located.
- (b) The attorney general or the county department of public welfare attorney may do the following:
  - (4) Seek the issuance of a search warrant to assist in the investigation.
  - (5) File an action for injunctive relief.
  - (6) Seek in a civil action a civil penalty not to exceed one hundred dollars (\$100) a day for each day a foster family home is operating without a license required under this article.”

3. IC 12-17.4-4-34 (as added by P.L.1-1993, SEC.142.):

A person who knowingly or intentionally violates this chapter commits a Class B misdemeanor.

Sincerely,

Eric J. Vermeulen, Deputy Director  
Division of Family and Children

cc: